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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X when X. The diagnosis was X and X. X was seen by X, DO on X for follow up status post X. X continued to X and X that X rated X associated with X and X. On examination, X had X. X had a X and X. X was X. X received more X. On X, X was eagerly waiting to go ahead with a X, and X, which had been X over the X. X did get more than X. X will be X. X is X. The pain was anywhere from X. X was requiring X. X did want to get off the X. This would include a X, and X. X and X was noted. X was satisfactory. X intake X was X. An online X showed X. The plan was to schedule X for a X pending insurance authorization. On X, Dr. X noted that X and X. X had X. X had a X. X had X. Examination by Dr. X on X showed an X and X at X and X. Treatment to date included X and X and a X. A Notification of Adverse Determination dated X

indicated that the request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. X should require documentation that previous X and X. It is better supported with documentation of X requirement after the X. The patient was recommended X using X. However, there was X. There was X. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes.” Per a Notification of Reconsideration Adverse Determination dated X, the APPEAL X was non-certified. Rationale: “Per guidelines, X are not routinely recommended unless there is evidence of an X. X should require documentation that X and X. It is better supported with documentation of X after the X. Per medicals. the patient was recommended X. However, there was limited documentation of X. In addition, there was limited documentation of X. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. The prior determination is still upheld. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. As stated above, there is lack of information about prior improvement from the same intervention.”

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient underwent previous X. Follow up note dated X indicates the patient’s X. While there are subjective reports of improvement following previous X, there is a lack of objective measures of improvement. There are no X results submitted for review.

Therefore, medical necessity is not established in accordance with current evidence based guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL