

Independent Resolutions Inc.
An Independent Review Organization
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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 with a date of injury X. X was X and X when X. X was diagnosed with X contact with other X. X visited X, MD on X for injury to the X, and X. X was noted. The injury happened just X. X experienced X. On examination, X appeared in X. There were X and X and X. On the X, there was a X with X and X. A X was applied to the X and X was X. X of the X dated X showed a X. Treatment to date included X and X. Per an Adverse Determination letter dated X, the request for X was denied by X, MD. Rationale: "The patient was X and did not require a X. Also, the X was X, which may not have been critical in the claimant's treatment. While the medical literature did support a letter X, there is X. Per a Utilization Review decision letter dated X, the prior denial was upheld by X MD. Rationale: "Regarding X, ODG does

not address, Other literature indicates situations for which there might be some X would be; where the patient has a X where use of a X will X to X. This request was denied, previously noting that the patient was X and did not require a X and X. Also, the time to X, which may not have been critical in the claimant's treatment. While the medical literature does not support a better X, there is no X. The X of the clinical documentation indicates X.

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

This is a claimant who suffered a X and X. X was X. The claimant is noted to be X and X by Dr X at X. The time of incident is presumed to be X and X was X. The request was made to determine the medical necessity of X. ODG does not address the issue specifically; however, other medical literature provides some X where the patient has a X. It is generally accepted that X that allows for possible X and as much as X.

Therefore, the claimant could have been X. X estimates the X to be X. Therefore, the X was NOT medically necessary.

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