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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. The mechanism of injury was X. The diagnosis was X. On X, X a X. X was tested for X. The recommendation was for X. On X, an X was made. It was noted that X was X. X was unable to perform the X. X was X of X because of X. X limits X or X. X reported X. The treatment to date included X. On X, a utilization review denied the request for X. Rationale: “Peer to peer was attempted but not established. While ODG's X acknowledges that X are recommended where there X, here, however, the X in question were X. ODG further notes that total treatment duration should not exceed X. Here, portions of the attending provider's documentation suggest that the claimant has already X.

It is unclear why X in ODG had been proposed. ODG further notes that X. Here, the claimant X. The claimant does not X. The claimant continues to X. The claimant continues to X. All of the foregoing, taken together, argued against X. It does not appear likely that the claimant can X. On X, which stated: X: X received a call back from the attending provider's designee, X. Dr. X stated that X is unaware of the outcomes of X. Dr. X stated that the X does not X. Dr. X acknowledged that the claimant had already X. The claimant X. The claimant has X. The claimant's X is X. Dr. X stated that the claimant X. X in X have been made, although these have not been sufficient for X. The request for X remains not medically necessary. The claimant has X. ODG notes that X. Here, the treating provider failed to furnish a clear or compelling rationale for X. The fact that the claimant X, suggested that the claimant has X. Therefore, the request for continued X is not medically necessary. Recommend non-certification." On X, the appeal X was denied. Rationale: "In this case, the claimant has X. Per document dated X, the claimant was evaluated on X and X. There is no evidence of X. There is no clear rationale for continuing X. No extenuating circumstances are noted to X. Consequently, medical necessity is not established in accordance with current evidence-based guidelines. Recommend non-certification for X.

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

As noted in a prior physician review, the Official Disability Guidelines discusses X. Generally, X is not recommended without X. The claimant appears to have X. A rationale or indication or probable benefit from X are not X.

Without further clarification, this request, at this time, is 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