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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 who was injured on X when X was X and X, and X was using X. X was able to complete the task but X and watched X and X and X. The diagnosis was unspecified X; and X and X. On X, X, MD documented a X. X had a X ordered for X. Recent X showed X, X or X. X felt the X. X was X. X felt the X. X stated there was nothing that X. X had X and was following the treatment plan. X had X. On examination, X did have some X and X, but X and X. The assessment was X. X performed a X on X on X. Since the X, X had been preventing X from X. X appeared to be marked by the following: X. On X, X underwent a X by X. The purpose of evaluation was to determine X. Consistency of effort results obtained during testing indicated that X put X. X results obtained during testing indicated X reports were unreliable and X. X demonstrated the X based on the definitions developed by the X and outlined in the Dictionary of Occupational Titles. X was able to X. X to below X. X were evaluated, and X. X indicated that X demonstrated an X. X and

X. X and X were demonstrated on a constant basis. The X should avoid within a X. X reported that pain X in X daily life and that X was not able to do the things X would X. X reported that X did X. X reported that X was X. X stated X felt like the X. X stated X interests in X. X stated X tried to X. X stated X was most concerned about what was X. X reported having X and X. X reported X. X was also X. X was under X. X had tried to X; however, was having X. On the X, and on the X. On the X. On the X, X and on the X. It was X met the criteria for the X of X, according to Official Disability Guidelines. The pain resulting from X injury had X. X reported X. X had reported X. X would benefit from a X. It would improve X ability to X, which appeared to be X. X should be treated X in a X. The program was staffed with X in X. The program consisted of, but was not limited to X. These X services would address the X. On X, an X showed X. There was X. No significant X was noted. An X no evidence of X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Per the Official Disability Guidelines, ‘Recommended where there is access to programs with proven successful outcomes (i.e., X. Within the medical information available for review, despite documentation of conservative treatment X the recent X performed shows X, that X had X and to follow-up in a X; there is no clear documentation of an absence of other options likely to result in significant clinical improvement. Therefore, the requested X to be done in Dr. X suite in his office is NOT medically necessary.” In an Appeal dated X, X / Dr. X / Dr. X documented that the reviewer denied X the X because "despite documentation of X provided, there is no clear documentation of an absence of other options likely to result in significant clinical improvement." There were no other options for X. X did X. X met Official Disability Guidelines. Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “A previous request for X was non-certified. The provider has not provided any new clinical findings or compelling information to justify overturning the prior non-certification. The available documents provide insufficient evidence the claimant has exhausted all treatment options available for X. There was no evidence the claimant X. Guidelines recommend this program once treatments of X have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Moreover, the claimant is awaiting additional testing that may explain X. The provider has not provided any compelling information to justify deviating from guideline recommendations. Therefore,

based on lack of guideline support and lack of sufficient documentation to support this request, my recommendation is for non-certification."

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 fail to establish that this patient has exhausted lower levels of care and is an appropriate candidate for this X. There is no documentation of performance of X. There is no documentation of X. There is no documentation of X. The patient's only X are X. The submitted X states, X is presently X.
Medical necessity is not established.

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