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Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified X

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 X who was injured on X. The mechanism of injury was X. The diagnosis was X.

On X, X was evaluated by X. X had X on X. X was taken to X but was transferred to X because of X. X was seen in the X where X received X, and the X. After X was evaluated, X was X and was referred to X for additional medical treatment. The X was X. X from X. At the time, the pain was X. X included X. X included X. X complained of X. The pain was X with a X from X. At the time, the pain was X. X included an X. X included X. X reported having X. X complained of X. X had not had any type of treatment for X. The insurance company scheduled a peer to peer phone call to discuss the medical need for X. However, they never called at the

hour on the day specified or at any other time. The previously requested X was denied even though the insurance company never called at a time they specifically chose to do so. On X, X had a designated doctor examination that was performed by X. X examination revealed X. X examination revealed X. The assessment was X. The need for X was stressed. X was to continue X. X was offered and X wished to proceed. They had received a denial for the previously requested X. Dr. X wrote that this denial was Xl since the insurance company was the one that scheduled the telephone call, then never made it. X had a second medical evaluation on X by X. According to X, this X only checked the X but no other X were performed. The entire history and X only took X but this X was able to X worth of X. To date, X had not been authorized X for X other than X and X. Therefore, at that point, they would like to appeal the denial of the much needed X to be X. Because of X, X would X.

X done on X demonstrated X and X most X at X with X. The findings were similar to the prior study and were as follows: X.

Treatment to date X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: X. The provided documentation indicates there is X. The X despite X. It is unclear if there has been X. There were objective physical examination findings consistent with X. There were X that corroborated X. The progress note from X, recommends X. It is unclear why X is now requested. Based on the ODG recommendations and available information, the outpatient X is not medically necessary.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “The request was previously denied stating, "ODG recommends X prior to X when the clinical presentation is consistent with X, and there has been a failure of X for at least X. The provided documentation indicates there is X. The symptoms persist despite X. It is unclear if there has been X. There are X

consistent with X. There are X that X. The progress note from X, X. It is unclear why X. Based on the ODG recommendations and available information, the outpatient X is not medically necessary. Recommend non-certification." The Official Disability Guidelines only supports X for individuals with X. Although this claimant has complaints of X, there are also complaints of X. X also notes X. It is unclear why there is a request for X with a more concerning X. As such, this request for X is not medically necessary and is non-certified."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG indicates that X is not recommended, if X, the following criteria should be met: X. The provided documentation indicates the X has X despite X. The most recent physical examination reveals X. A X shows X and X. In the most recent provided note from X, the provider recommended X, not X. Recommendation is to uphold the two prior denials.

As there is X, no X or X reported on the most recent X on X, and the most recent note recommends X, not X, the X, X is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐
- ☐ DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines

- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)