



Specialty Independent Review Organization

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:

The reviewer is a Medical Doctor who is board certified in 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]:

This X sustained an injury on X.

Procedure note dated X has procedure noted as X.

X prescription dated X notes X is X status post X doing X. X is X and is X. Exam summary notes X. X-rays are noted to show X is complete with X. Diagnosis is X. Plan includes X.

X Initial Evaluation dated X has X including X on X along with X, and then subsequent X, X and X on X. X is now referred for X. X is noted to do X and is unable to X. X is required to X. X notes pain at worst (with X) is X. X an appropriate X.

X is noted to be X.

Assessment notes X is status post X. X will benefit from X to X. X requested at X.

Utilization review dated X non-certified the X. Rationale states there has been subsequent treatment with X. Although there are X present, it is unclear why X is needed to address this rather than X. Overall, considering the date of X, current symptoms, and objective findings, this request is not certified.

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

Based on the clinical information submitted for this review and using the evidence-based/ peer-reviewed guidelines, this request is non-certified. There were X clinical findings (in the most recent office visit dated X to the X presented in the medical records. Moreover, a comprehensive assessment of the X with X should be presented.

In this case, this X sustained an injury on X, underwent X on X. X evaluation on X notes X. X has X that is demonstrated on the X testing.

However, guidelines support the use of X. Detailed documentation is not evident regarding any X that had been X prior to the evaluation dated X. In the case that previous X was X, those notes would need to demonstrate X.

Based on the above, the X being outside guideline recommended time frame as well as X not clearly documented; the current request for X is not be 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**