True Decisions 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 is a X who was injured on X in X. X was on X and X. X injured X. The diagnoses included X. X attended X with X on X. X noted that X. X reported X. X noted that X. X seemed X. X understood X. On X, X presented with X. X made sustained improvement in X. X noticed X. X reported that X. X stated when X, the X was X. X reported a decrease in X. It was noted that X. X also reported that X. X attempted to X without X and X was unable to X. X felt X. It was opined that X could continue to X. X continued to have X. Treatment to date included X. Per a peer review by X, MD on X, the request for additional X was non-certified. Rationale: “In this case, the claimant has X, such as treatment in excess of X in ODG's X and X Guidelines for X, the former of which is reportedly present here. ODG further notes that the continuation of treatment is contingent on objective improvement being demonstrated. Here,

however, the claimant's X was not reported on the date in question. The claimant has continued to X. All of the foregoing, taken together, argued against the claimant's having X in function needed to justify the continuation of care. Therefore, X are not medically necessary." Per a peer review by X on X, the request for X was non-certified. Rationale: "There is a lack of documentation which would indicate the claimant has exhibited any X based on the X received to date. There is the only documentation of X, X has received. Once the claimant has X, ODG requires documentation of objective improvement to justify the continuation of treatment. Treatment response due to the X would be needed to justify additional requested X and is not documented here. Therefore, the request for X is not medically necessary."

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

Based on the clinical information/records provided, the request for X is medically necessary, and the previous denials are overturned. Treatment to date includes X. The patient has completed X. Based on the records provided, over the course of X, X improved, and X was X. X appeared to be X, and X had decreased from X to X. Additionally, X was X about X.

The patient appears compliant with treatment; therefore, the request is supported as 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