

## **Notice of Workers' Compensation Independent Review Decision**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X who was being recommended for a X for the treatment of X.

A determination letter dated X stated that the patient had X and X. X was subsequently diagnosed with X and X of the X. X included X and X. Prior treatments had included X, X, X, X, and X. It was stated that on X the patient was seen for a X and the patient was X. It was indicated that the request was denied as the documentation did not identify that the X have been met. There was report of X and X but there was no evidence of X, X. It was also indicated that the X noted that the patient would also benefit from X. It was also unclear if the patient had exhausted all X.

On X the denial determination was upheld.

On X a request for review by an Independent Review Organization was made for a X.

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

The Official Disability Guidelines indicate that a X is X recommended as a X for patients who have X. There should be evidence of the use of the X to make the diagnosis of X. Diagnoses that may produce a clinical picture of X should be ruled out, including X, and X. X should have been X. A summary of the information should be documented within the request. The use is recommended in conjunction with other X. A complete history and X as required. The examination should include documentation of all medical conditions. The examination should include evidence that X and X have been evaluated for. All other causes of pain should be documented by history and examination findings. A complete X should be submitted. Laboratory studies should be obtained. Completion of a X is recommended. A X is required by an independent non-conflicted X with the X.

In this case, the patient had a X. The prior treatments included X, and X. It was further noted the patient was seen for a X and met the criteria for the diagnosis of X. The X was recommended. The provider recommended X. It was stated the patient would benefit from these treatments regardless of the X. The clinical note on X noted the patient had complaints of X. X pain was X, X, X, and X. X had X. The X revealed an X. X had X. There was X and X. X had completed X which was noted to be X. The provider noted the patient met the X. X, X, X and X have been ruled out. The patient had a complete history, X. The provider noted that X would be obtained upon the approval of the X. The patient had X. The records did not support that the patient had been cleared X for the X, although X had X a X. It was noted that the patient met the criteria for the diagnosis of X. The X did not rule out X as it was noted that the patient may have X. The provider documented that the patient met X with X and

X. However, the records did not include documentation as to how the patient met all of the X as per guideline recommendations. Therefore, the requested X is not medically necessary. As such, the prior determination is upheld.

### **SOURCE OF REVIEW CRITERIA:**

- 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
- Presley 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)

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

X