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
Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. X examined the patient on X. X was X and X. X was X and had presented with X. Working as an X, X was assisting X with a X in a X. X was up in the X. X pain began from the X and was X and X. X were X, and X. X was X and X and X. The assessments were a X, X, and X. The X was reviewed at that time and showed X and X. There was no X noted. X and X for X and X were recommended at that time. On X, the patient followed-up with Dr. X. X had X. X reported X and stated X received X. X pain gradually X. X had pain in X. It was noted the patient had an X and X, and X was returned to X. It was noted they reviewed the option of X if the symptoms were X. A X was then obtained on X and revealed X. There was X that was X. Dr. X followed-up with the patient on X. Here it was noted X was presenting for an X evaluation of an X from a X injury from X. X was experiencing X; however, X was also experiencing X. X noted X pain was in relation to X. X stated as soon as X. X were X at the X and X and X was X on the X and X on the X. There was X. It was felt the X showed evidence of X. This resulted in X. A X on the X at X and X was recommended, and the patient was X. The patient was then initially evaluated in X on X. X had constant X, X, and X that was X. It was X and had a X. It was noted here X had X and X. X had a past medical history for X and X. There was a X and X was X in the X. X was recommended X. The patient then underwent a X by Dr. X. The patient was then seen in X. X had been seen X. Over the course of the past X, X demonstrated X but continued to demonstrate X. X continued to be significantly X to pain. It was noted that based on X last of responses to X, it was felt the patient might be X. X was advised to follow-up at that time. X was noted to have X. Dr. X reexamined the patient on X. X had X that X. It was noted X did X as it was prior. X had also been going to X and stated it was not helping, and felt it was X. The patient then underwent an X with Dr. X on X. There was no evidence of X or X, but there was

evidence of X. Dr. X then reviewed the X study on X. X noted X had had X. A X was recommended at that time. A X report was provided on X. X had been seen for a total of X and had not made X, or X. Despite being placed on X, X continued to report being required to X and X. X treatment was therefore placed on hold until X could be seen by X doctor. X was now X in the X and X. The patient was sent back to X physician. The patient then seen by Dr. X on X. There was X, but X. X was X and X was X. X was X in the X, as well as the X. X showed a X. There was X. The X was also reviewed. A X, as the patient's X, was recommended at that time. Dr. X followed-up with the patient on X. It was noted X had been unable to X the X due to X. X presented with X, as well as X and X. The patient was referred back to Dr. X to discuss X options further as X had X. The patient related X was able to X if X was able to X. Dr. X noted X would not recommend X. Dr. X then followed-up with the patient on X. X had X, X, and X. X rated X pain at X and had presented to X. There was X. There were significant X and X. There was X in the X. X were X at the X and X, and X was X on the X but X. There was some X and X, but X. X, X, and X were recommended at that time. X would remain on X. It appeared that the first denial was given because of an X. The second denial was noted to be for a lack of documentation about the X. The current exam was documented in more detail and would be resubmitted. It was noted at that time X was not really recommended for X, provided they recommended X to address X which at that time were X. On X, the carrier provided an adverse determination for the requested X. On X, another adverse determination was submitted for the X.

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

The patient sustained an X. X has been diagnosed with X. The X showed significant X, not just X and X. In addition, X by Dr. X

was X. The indication for X, according to the <u>Official Disability Guidelines</u> (<u>ODG</u>), is non-specific X. This patient does not meet the criteria in the <u>ODG</u> for X and there is no indication to X. The requested X are neither medically reasonable nor necessary and they are not supported by the <u>ODG</u>. Therefore, the previous adverse determinations are upheld at this time.

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**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐   **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X 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)**