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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:**

Board Certified 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 each of the health care services in dispute.

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

X

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

Dr. X consulted with the patient on X. The day before at X. It was noted the patient was a X who X. X had been putting in X. X had been evaluated with X and was told they were X. The day before however X had a X and was X. X was brought to the emergency room and X. It was noted the X was X. On X, X underwent X. X revealed X. On X, Dr. X followed-up with the patient and it was noted here that X was at X and had some X and filed a X. X had been X of X and then X and X. X was seen at the X and X and X. X had X. X was X. X would be X. On X, X was X and had been X due to X issues with the X. X was X and X. X, X was X, and X was X. X remained X. X revealed the X and the X. As of X, X was X and continued to X. X was able to X. It was noted here they had made an X to X first office note and X began when X was X. X began to get X and then the X when X was at X and then X. This was noted to be a X. There was X, and X. X had X. X revealed a X and had X; however, the X. X would return for follow-up X, which X did on X. X was feeling X and had X. X had X, and X. X was X and X wound was X and X. X that day showed X. X was advised to continue X and X. X would return in X which X did on X. There was X information documented on this note.

X, D.O. then performed a X Evaluation on X. Here it was noted the patient was X when X was injured on X. X reported that on X that X was X, and X, but X. After a X, it became X. X complained of X in X that X noticed when X. X of the X were X and X. The diagnoses were a X, a X, and a X. It was X as of X and had been X. X was X. Dr. X followed-up with the patient on X. It had been X after X repair of the X. X had been X regarding X and only reported X. X was X. X had X, X, and X. X was X. X revealed a X had X. The patient was placed at X and asked to return as needed. X was also X. The patient then returned on X with X that X described as X, X, and X. X denied having any X or X upon

arrival. There was neither X or X. X were X and X had a X. X was X, X was X, and X. X was X. There was X and X, and X were X. X revealed X that remained in X. X declined X. They discussed a X that X. X would return to the clinic as needed and X was continued. The patient returned to Dr. X on X. X was X, X, and X and X stated X had previously been X. X was X, X, and external X with an X. X did have pain in the X. The assessments were X and status X and X. It was noted that X put X at an X, which was believed to have occurred. An X of the X was recommended and based on those findings they would determine the next treatment plan which could include a X. X obtained that were compared to the previous one and they were X. There was also some evidence of X. The patient would be taken X. As of X, X had presented for an evaluation of the X. X stated X had a previous X when X was X, but X denied any X. X stated X got an X and had a X of X which X had since X was a X. X denied that the X, X, or X. X had some X and a X. X was X. There was X or X and the X, but X. The assessment was X. X of the X and X. It was X as a X which was seen on x-ray that day. X was advised to take X or X as needed. An X of the X was then obtained on X and it was noted this was X; however, there was a X. There was X of the X, but there was X. There was also a X. Dr. X followed-up with X. X noted that X had more X, X, X, or X. It was felt the X showed X, as well as X. It was noted there was not much else to do X the pain became X, but at that X. X was asked to return in X if needed. On X, Dr. X submitted a request for a X. Based on a peer review report dated X, it was felt the request for a X with or X was not medically necessary. It was noted that there was as X findings and additionally there was no evidence of documentation the patient had X. On X, a preauthorization request was then submitted for X and X. On X, based on a peer review report, the X and the X was not felt to be medically necessary. It was noted per the ODG, it was not recommended for X or X. It was noted the X showed incompletely X and there were no recent exam

findings, X, or other evidence of X. Dr. X then signed another X on X, continuing the patient's X.

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

The patient is a X who reported developing X on or about X. X reportedly X, X a X and was X. Subsequent evaluation at X revealed a X, X. Dr. X performed an X. The patient appeared to X and was X by Dr. X. More recent X and X have suggested that now the patient has developed X and X. Dr. X has requested the X. The request was non-certified on initial review by X, M.D. on X. X non-certification was upheld on reconsideration/appeal on X by X, M.D. Both reviewers attempted peer-to-peer without success. They both noted that there were no X, evidence of X, or evidence X as the basis of their decisions. It should be noted there was a report of a X in the X. The evidence based Official Disability Guidelines (ODG) do not support the X. Total X is only recommended when all X, including other X. The criteria for X included: 1) X. X is not supported, but may be otherwise indicated for X. Based on the documentation provided for review at this time, there is no X. Therefore, the requested X and the X are not medically necessary, appropriate, or supported by the evidence based ODG and 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**

**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)**