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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 with a date of injury X. The mechanism of the injury was not available in the medical records. X was diagnosed with X. X was seen by X, MD on X and X. On X, X presented for a follow-up of X. X reported constant pain, X, X, and X in X. The pain was rated X. Examination of the X showed X, and X. There was X and X, but no signs of X. X had X with a X. X of the X revealed no signs of X and X. On X, X reported constant pain in X. The pain increased after X. X complained of X, and X. The pain was rated at X. Examination of the X showed X. There was X on X. X was from X. The X was X. There was X with X, X. An X of the X showed X to X and X. Treatment to date included X, X, and X including X; X and X and X. Per an Adverse Determination letter dated X, the request for X was denied by X, DO. Rationale: This is non-authorized. The request for X is not medically necessary. On X, the injured worker presented to Dr. X with X. The examination of the X revealed X. X

and X were noted. X was from X. Per ODG, X or X or X. There was no documentation of the above-mentioned criteria to support the requested procedure. Therefore, medical necessity has been not established." Per a utilization review decision letter dated X, the prior denial was upheld by X, MD. Rationale: “This is non-authorized. The request for X is not medically necessary. In this case, the X has X, and X, and X and X. X has X including X and X. However, no formal imaging was provided and there was no documentation of X. 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:

The ODG recommends X. The ODG recommends X when there is a complete X on MRI, there is a X, and there is X to the X or the X. The provided X indicates the X. This was initially treated with X. Despite X after X, there is X. Objectively, there is a X, X, and X. An X, X, and X. Given the X with subjective and objective instability, the proposed X is supported.

As such, recommendation is to overturn the prior denials with certification of X as medical necessity has been established.

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