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Notice of Independent Review Decision

Review Outcome

Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
X

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 while X. X stated X. The diagnosis was X.

On X, X, MD evaluated X for X and X. The diagnoses were X. It was documented that X presented with X. X was a X who was injured X in X while X. X symptoms had persisted despite X. Given the X of X symptoms, X of X and X of X symptoms, Dr. X believed X would benefit from X, which in X case would require X. X explained that they could consider X. However, this could potentially X the X and potentially cause X. Therefore, given X, presence of X in X and the X, Dr. X believed the definitive

solution for that would be X. Dr. X believed that the X was a result of X. However, the situation was X by the fact that X had X, and X injury may have X. At any rate, a X could potentially X and cause X, resulting in X. Therefore, X believed the definitive solution at the time would be X. Per an office visit note by Dr. X dated X, examination showed X. X, X with X and had a X on the X, which X.

An X of the X dated X identified at X, there was X and X causing X. Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Per evidence-based guidelines, X is indicated after provision of conservative care in conditions with X. In this case, the patient presented with X. Given X, failure of X and X, the provider did a discussion with X about X. Given X, presence of X and X, the provider do believe that the definitive solution for that would be X. However, there were X and X documented to fully support the need for X and to further validate the X of X. Although X received X, there were limited medical records submitted for review of X response. Detailed objective evidence of a recent, X and X should be considered prior to considering X of care. Also, a X that could affect X was not identified in the medical reports submitted. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. Clear exceptional factors could not be identified. As the primary request for X was not deemed medically necessary, this precludes the need for X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.”

In an appeal request date X, Dr. X documented, “This is a X who presents with X, but now is X. X is a X who was injured at X in X while X. X symptoms have persisted despite X. Given the X of X, failure of X and X, we did have a discussion with X about X today. X explained that X do believe that X would benefit from X, which in X case would require both X.

X explained that we could consider a X in the form of X. However, this could X the X and X. Therefore, given X, presence of X and X, X do believe that the definitive solution for that would be X. X explained X to X using a X. X discussed the X, which X explained would include X. However, X is typically X. X discussed the X of X, which X explained included, but were not limited to, X. X expressed understanding. X also provided X with a website to visit with explanations of the underlying condition as well as X. X do believe that X was a result of X based on the X. However, the situation is complicated by the fact that X. At any rate, X could X that X and cause X. Therefore, X do believe the definitive solution at this time would be X. After discussing the options of X or X with X today, X would like to proceed with X. X will require X. X will also require X. X will require X. X is also going to require X. Once X obtain all of those studies and approvals, we will put X on X followed by X. X expressed understanding."

Per a reconsideration review adverse determination letter dated X, X, MD denied the appeal request for X. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is indicated after X in conditions with X. In this case, the patient had X. Per the plan, it was mentioned that X have persisted despite X including X, which X. Given the X, failure of X and X of X symptoms, they did have a discussion with X about X today. The provider explained that X would benefit from X, which in X case would require X. X of the X by X, MD dated X showed X. A request for X was made; however, there was still limited objective findings that would warrant the need of the current request. The X were not fully established. The X of the X was not documented. The X were not addressed. There were no X notes submitted for review to validate X. Also, a X screening that could affect X was still not identified in the medical reports submitted. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. There were no additional medical reports submitted to overturn the previous denial of the request. Clear exceptional

factors are not identified. The concurrently requested X is not substantiated thereby precluding the request for X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In review of the clinical findings, the claimant had described X. The claimant's X from X for the X detailed X. X was also noted at X which contributed to X. The claimant's current physical exam noted X. Otherwise, no X were evident in X. The last clinical report did note that the X noted on previous X studies was X based on X; however, X study for X was not included for review. The records did not clearly demonstrate X of the X and the claimant's current presentation was not consistent with X or X. X were not clearly confirmed on the X. The records also did not include a X ruling out any X that could X as recommended by current evidence based guidelines. Therefore, it is this reviewer's opinion that medical necessity for the request is not established.

A description and the source of the screening criteria or other clinical basis used to make the decision:

☐ ACOEM-America College of Occupational and Environmental Medicine

☐ AHRQ-Agency for Healthcare Research and Quality Guidelines

☐ DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines

☐ Pressley Reed, the Medical Disability Advisor

☐ Texas Guidelines for Chiropractic Quality Assurance and 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)