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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 who was injured on X when X was X. The diagnosis was X. Per a X, X, MA, NCC / X, PhD, X, documented that X attended the X and X. X was compliant with the program. X prognosis was X if X continued to X what X had learned in the program. X presented with a X; X stated pain level X. Upon conclusion of the program, X reported X, on average. X would probably benefit from additional X and X. X was to continue with X treating physician and X. On X was seen in a follow-up by X, MD. X complained of X. X was able to X. The pain level was X. Pain level at the X. Pain level at X. The pain X. X helped significantly for X. Appeal for X had been denied. There were no significant changes in the X since the prior office visit. Examination on the X office visit documented X. Examination on the X office visit documented no changes since the prior visit and additionally noted X. Treatment to date included X. Per a utilization review adverse determination

letter dated X, the request for X, X was denied by X, MD. Rationale: “In this case, the patient presented with X. There is a request for X. The patient has X. There is a request for X. Although it is noted prior X, it is unclear at the time why claimant has not been X. There is no documentation of a X beyond possibly exceeded guidelines. Overall, this request is not medically necessary. Thus, this request is not certified.” Per a utilization review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “The submitted records indicate the claimant continues with X from an injury dating back to X. The claimant has had X and completed a X. The records indicate the claimant has been getting X. The records state X; however, there is no significant documented X in the submitted records from X through X. Functionally, the claimant on all accounts is X. Pain levels X but are generally between X with the exception of the X visit noting current pain at X. Although the claimant appears to report X helps a lot, there is no documentation of any X to support the medical necessity of continued X. The request was previously denied on peer review. During the peer to peer conversation the provider stated the claimant had X the X and X since the X ended in X. The provider noted X gets X and then the X. X said X and does X but cannot say X is doing any X or any X etc. between X. Based on the available information the claimant had a significant amount of X. X was seen X during the X. There is insufficient documented lasting benefit documented to support the medical necessity of ongoing X.”

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records subjectively report that X has helped; however, there are no objective measures of improvement documented to establish efficacy of treatment and support additional sessions. There are no specific, time-limited treatment goals provided.

Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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