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An Independent Review Organization
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Notice of Independent Review Decision

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. X was involved in X. The diagnoses were X.

On X, X was seen by X, MD for X. X underwent X, which showed X and X was recommended X. X had X. X saw a X who felt X was X and X felt X. X was X but had X. X continued to have X. X rated X. X felt like X was X. The X and X felt X with X. X had X. X had X in the X. X showed X and X. The examination revealed X. X dated X showed X. No X or X was noted. X dated X showed X and X. There was X. An X of the X dated X revealed X. There was X along with X. There was X. There was X with up to X. There was X. There was X with up to X. There was X. X dated X showed X. There was X with up to X. There

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was X. There was X at X. X dated X showed X. There was X or X. X of the X dated X showed X noted. No X was noted.

X was seen by X, X on X. X reported X in the X and X. X rated the X. The symptoms were X. X reported X was X with the exception of X. X reported X in the X was X and X was X. X on X was X and on the X was X and X was X and X was X. X on X was X and on the X was X. X was X and X was X. There was X. X was X and X were X. On X, there was X in the X and X. X was with X and X.

Treatment to date included X with X.

Per a utilization review adverse determination letter dated X, the request for X was not certified. "According to the Official Disability Guidelines, the request for X is not fully supported. The guidelines recommend X to treat a claimant with X. The total number of X completed to date was not specified within the provided documentation. Additionally, the claimant's overall response to the treatment was not verified with any clinical records to determine the extent of X attributed to prior X. The physician will need to provide further information regarding the extent of the claimant's X and explained why X requires X over a X to address any remaining X. Given the lack of information regarding prior X, the current request cannot be authorized. As such, the request for X is not medically necessary."

Per a utilization review adverse determination letter dated X, the request for X was not certified. "According to the Official Disability Guidelines, the request for X is not fully supported. The information provided for the review did not specify how many prior X were

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completed to date to confirm that the request for an X would not exceed the guideline recommendations for treatment. The physician did not elaborate on the extent of the claimant's X to the prior X to determine why a X would be insufficient in addressing remaining X. The evidence-based guidelines support X for claimants of sustained a X. Based upon the provided documentation, the current request cannot be authorized. As such, the request for X is not medically necessary.

Per a Letter of Medical Necessity dated X, X, X documented that X was being seen for X. X was having X with X as a result of presenting diagnosis. X had a X to the X and X, causing X. X did show X with X with X and X from the initial evaluation. X was on X and would X from X in order to X. X would like to X; however, was unable to at the time and did not meet the X. X treatments emphasized on X the X, so that X would be able X. X received X. X had X such as X all of which were necessary for X. In summary, X were medically necessary in order to maximize X. X required X along with X. X were necessary in order to address remaining X. X were to X. X would benefit from a X to determine the X.

Per a reconsideration review adverse determination letter dated X, the request for X was not certified. "Based on the clinical information provided, the 1. Reconsideration for X is not recommended as medically necessary. The initial request was non-certified noting that "According to the Official Disability Guidelines, the request for X is not fully supported. The guidelines recommend X to treat a claimant with a X. The total number of X completed to date was not specified within the provided documentation. Additionally, the claimant's X was not verified with any clinical records to determine the extent of X attributed

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to prior X. The physician will need to provide further information regarding the extent of the claimant's X and explained why X requires X over a X to address any remaining X. Given the lack of information regarding prior X, the current request cannot be authorized." There is insufficient information to support a change in determination, and the previous non-certification is upheld. There are no X notes submitted for review to address the issues raised by the initial denial. Therefore, medical necessity is not established in accordance with current evidence based guidelines."

Per a reconsideration review adverse determination letter dated X, the request for X was not certified. "Based on the X information provided, the X is not recommended as medically necessary. The initial request was non-certified noting that "According to the Official Disability Guidelines, the request for X is not fully supported. The guidelines recommend X to treat a claimant with X. The total number of X completed to date was not specified within the provided documentation. Additionally, the claimant's overall X was not verified with any X records to determine the extent of X attributed to prior X. The physician will need to provide further information regarding the extent of the claimant's X and explained why X requires X over a X to address any remaining X. Given the lack of information regarding prior X, the current request cannot be authorized." There is insufficient information to support a change in determination, and the previous non-certification is upheld. There are no X notes submitted for review to address the issues raised by the initial denial. Therefore, medical necessity is not established in accordance with current evidence based guidelines."

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

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There is insufficient information to support a change in determination, and the previous non-certification is upheld. There are no X notes submitted for review to address the issues raised by the initial denial. Therefore, medical necessity is not established in accordance with current evidence-based guidelines for the request of X.

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
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- 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)