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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

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]:

The patient is a X who was injured on X, while X.

On X, a X of the X was performed at X and interpreted by X, M.D. The study revealed: 1) X. If further evaluation was warranted, recommend X.

On X, the patient was evaluated by X, M.D., for complaints of X following an injury on X. X reported that X. The X into the X. The X was X in X. X stated that overall the symptoms X. Overall, X, X and X and X remained the same. History was notable for X. X was notable for X and X. Examination of the X revealed X, X and X remained the same. X were X. X was X. X of the X revealed a X. X of the X was reviewed. The diagnoses were X. X was X. An X referral was provided. Recommended follow-up in X. The patient was placed on X.

On X, a X from X was documented.

On X, the patient was evaluated by X, M.D., for complaints of X following an injury on X. Reportedly, X was X. X stated that this X caused X to X. X stated for X, X had done X, X and X and had been X although X was still X some with this X. X denied prior X. X reported occasional X. History was notable for X. Examination of the X revealed X over the X and at the X. The X was X by X. X, X and X and X were X. There was X through X. The X was X with X. X, X and X were X. X of the X revealed X. There was X. X of the X was reviewed. The diagnoses X. X was X. Treatment recommendation included X.

On X, a X was completed by Dr. X. Dr. X proposed X. Date of X would be given once approval was obtained.

Per an Initial Adverse Determination dated X, by X, M.D., it was deemed that a X were not medically necessary. Rationale: *"In this case, the patient has X. X has been treated with X and X. The X shows X between X and X, which may extend into X raising suspicion for X especially with X within the X of the X. There is no evidence of a X and claimant has not completed X of X. Therefore, a X, X, X is not medically necessary."* A X, X, X, X was deemed

not medically necessary. Rationale: *“This request is not applicable, as the requested X is not medically necessary, as discussed above. Therefore, a X, X, X, X is not medically necessary.”* ODG Criteria: ODG Indications for X and/or X. Criteria for X for X (X without X) and Criteria for X for X.

Per a correspondence dated X, from X, after peer review of the medical information presented and/or discussion with a contracted Physician Advisor and the medical provider, it had been determined that the health care service(s) requested did not meet established standards of medical necessity. This review applied only to the specific service(s) listed. Any additional service(s) would require a separate review process. Specific Request: X-Not medically certified by Physician Advisor. The above review was made based on guidelines, which were developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies and guidelines from prominent national bodies and institutions.

Per a Peer Review Report dated X, by X, M.D., the request for appeal for X was deemed not medically necessary. Rationale: *“In this case, the patient presented with complaints of X and X. The X revealed X. There is X at the X, X, X, X, X, X and X. The X of the X performed on X revealed X interposed between the X and X, which may extend into the X, raising suspicion for X, especially with X within, X of the X. The patient has ongoing complaints of X and X with X on exam including X. The patient also has X for X, with findings suspicious for X on X. However, guidelines require at least X of conservative treatment prior to X for X in the X. Additionally, guidelines do not support X for X as an isolated intervention. Therefore, the request for appeal for X is not medically necessary.”* The request for appeal for X was not medically necessary. *“The above request is secondary to the requested procedure and therefore, likewise, medical necessity has not been established.”* ODG Criteria: ODG Indications for X and/or X. Criteria for X for X (X without X) and Criteria for X for X.

Per a correspondence dated X, from X, as requested, a second contracted physician who was not involved in the original non-certification had reviewed the original information, supplemented by additional medical records submitted and/or peer discussion(s) with the treating provider. The second

physician had upheld our original non-certification. Specific Request: Appeal X/Not medically certified by Physician Advisor. The above review was made based on guidelines, which were developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies and guidelines from prominent national bodies and institutions.

On X, the patient wrote a note stating that “Please ensure this Independent Review Organization (IRO) is sent to the appropriate department, Utilization Review Agent immediately.”

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

The X recommended X. The indications for X were described by the X as follows:

X

These indications do NOT appear to coincide with the X and X evidence in this case. Per the X, there is NO evidence of X requiring “X vs. X.” Per the X, there is NO evidence of X or X, a X, a X, or X to corroborate “X [and] the need for X with X.” Although not requested, the X discussed X of the X, clearly NOT indicated as, per the X, there is no evidence of X. Per the X, there is evidence of an X (X between the X and X with X in the X); however, the X did not discuss this, other than an oblique statement about X (in general) being X. Likewise, the X failed to discuss the TDI-approved ODG criteria for X and failed to identify that this patient is X and a better candidate for X than X. Furthermore, there is no discussion regarding ODG-approved conservative (X) management of each cited condition, individually.

The preauthorization review by Dr. X is partly erroneous in that X evidence of a X is reported by the X. Dr. X is partly correct in that X of conservative treatment, per ODG, has not been completed.

The preauthorization review by Dr. X correctly identifies the X evidence of a X

with X. X also correctly identifies that X for X is not a X. Dr. X is correct in that X of X, per ODG, has not been completed.

The preauthorization denials appear to have been appropriately formulated, if for no other reason than there is no substantial X or X evidence that the X caused or X any form of X, which appears to be the primary focus of the X (the most X on exam and the most discussion in the X rationale/indications). Clearly, X for alleged X has not been exhausted, per ODG criteria, and is not a X even if so.

X in preparation for a X is medically reasonable and necessary only if the X is medically necessary. In this case, X (including but not limited to X, X, X, X, etc.) are not medically necessary because the requested X is not medically necessary, per the discussion above.

Medically Necessary

X Not Medically Necessary

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA
OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**