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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:
Board Certified 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. The injury occurred when X and X. X was diagnosed with X.

On X, X presented to X, MD for complaints of X. X sustained a X on X and had been diagnosed with X. X was seen by X who recommended X. X presented for X. On examination, X was with X with a X. X had X to X in the X and X to X. There was an X.

An X of the X dated X revealed a X. There were X.

Treatment to date included X.

Per a peer review dated X and Utilization Review decision letter dated X, the request for X was denied by X, MD. Rationale: "In this case, the claimant presented with complaints of X is supported by guidelines only for X that are related to X and X, Guidelines do not support X for X, particularly for X. X necessity has not been established, Therefore, X is not medically necessary".

Per a peer review dated X and Adverse Determination letter dated X, the prior denial was upheld by X MD Rationale: "The guidelines do not support X for X. Therefore, X is not medically necessary."

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

The claimant sustained X on the date of injury with the X of the X. The claimant had been X and was X. No X were included for review. The current evidence based guidelines do not recommend X or X for X. The record did not detail X to include X. Further, the X at this point is X. Given these issues, it is this reviewer's opinion that request of X is not medically necessary.

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

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- ☐ 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)

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