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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, while X was X in a X, and X. X and X. When X, X had to put X on X and could not X. X a. X was on X when X.

On X, X was seen by X, MD. X was still X with X. X had a X without it and X. X was X with X, X or X, and X was X with X. X reported that X was not being approved, and the reason of that was X. The X included X. X injury had X. In addition to X, X was not X until X, and so because of the X, X was performed X for X as the X with X, being more than X, and X of the X along with X for X. X was seen to have X in the X and X on the X. In the X, the X was X in addition to X to X of X. A X could be given to X, as

needed as X said X had none, and try to give X some more X. X was X so X could focus on X. X could be X, as X indicated that X would not take X. On X, X was seen by X, MD in a X for X. X was X of X in X, X, and while X, X and X. X reported X when X. X stated that overall, the X had X. The X was X, X had X and X had X. There was X. A X revealed X, and X had seen Dr. X who X which had been X. X had requested X. X reported that overall, X symptoms X. X was X. On X, X was X, X, X, and X. X was X. On X, there was X noted. X and X remained X. X had X in X and X. X had X. X had X. X underwent X by X, X, X on X. X reported X, X, and X with X. X had initially injured X in X. X reported X, X, and X when X. The X was X at X and X with X. X with X for X, was X or X. X X of X and X was noted. X reported X in the X. There was X to X throughout X and X to X, X, X was X with X, and X was noted at the X. The X was X in X. The X included X. X included the fact that X was X or X at X. The X raw score of X, X. The X raw score was X indicating X. The diagnosis was X and X. It was assessed that X would X from X to X as well as X and X for X at X.

The treatment to date included X.

Per a utilization review adverse determination letter by X, MD dated X, the X request for X of X for the X between X and X is non-certified. The rationale was as follows, “Per evidenced-based guidelines, the recommended X for X is X over X. In this case, X for the X was requested; however, comparison of findings X to X and X to consider the requested X. Furthermore, the completed X in the past already X. X are not identified to X versus X. X made multiple attempts to contact the X to X or X. This was X. Therefore, based upon the provided documentation, the request is not currently supported.”

Per a Note of Medical Necessity dated X, Dr. X stated that X was under X for the X that X suffered X consisted of X. Because of X, almost X following X injury, X had X due to X caused by X. Therefore, X to X needed X. The X was to X, which by that time, X, and so it was X. The X was also X at that time. After X to X, a X was performed X. It was X. The X from the X typically takes X and in the case of X, it could X. Dr. X knew that X was not being approved. However, given X in the initial X, additional X at that point was warranted in order to X of X and to X.

Per a reconsideration review adverse decision letter by X, MD dated X, the X request for X of X for the X between X and X was non-certified. The rationale was as follows, "Per evidenced-based guidelines, the recommended X for X is X over X. In this case, a request was made for APPEAL request for X. However, the X request in addition to the X exceeded the guideline recommendation and that extenuating circumstances were not identified to support X versus X. The prior non-certifications is upheld. Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced below, this request is non-certified. Comparison of findings failed to objectively validate X and X to consider the requested X. Furthermore, the X in the past already exceeded guideline recommendations."

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 of X for the 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 patient underwent X with X and X on X. The submitted X document X to date. The

request for X would continue to exceed guidelines. When X and/or X exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. The patient has X and should be X to X and X with an X, X. Medical necessity is not established for the request of X for the 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
- ☐
- ☐ 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)