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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:

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 mechanism of injury was X. X was X. X developed X. The diagnoses were X.

X consulted X, MD on X for a follow-up of X. The injury had occurred X. X had received X. X continued to have X in the X, which X did not have prior to the X. On examination, there was X of the X. X produced X. X was X. Per Dr. X, X had X in the setting of X of the X. X had X and a X and X with indicated procedures was requested.

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X was seen by X, X on X for a follow-up of X complaints. X had injured X at work, nearly X. X had undergone an X confirming X with X. X had X in the X prior to the injury. X had been to X, which X symptoms. X had tried X, X, X, X, and X without X. X was unable to do X at the time, but fortunately had been able to X. X symptoms had X and X had been X for X, which was still not approved by X. Examination of the X revealed X. X produced X. The X was X. Per X, X had X to date and was awaiting approval for requested X with indicated procedures. X was X to X at X at the point.

A prior X of the X revealed X of the X with X. Prior X of the X showed X. No X were noted.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the proposed treatment for X could not be recommended. The primary reason for the determination was as follows: “Based on the clinical information submitted for the review and using the evidence-based, peer-reviewed guidelines, this request is non-certified. Given the following circumstances including X, given the DOI and that X did not fully meet the criteria for any of the requested X, and X at X to warrant the need for X, the entirety of the requested X could not be supported.”

Per a reconsideration review adverse determination letter dated X by X, MD, it was determined that the proposed treatment of X did not meet the medical necessity guidelines. The principal reason for the determination for non-certification was as follows: the proposed treatment plan was not consistent with the clinical review criteria. The primary reason for determination was as follows: “Based on the clinical information submitted

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for this review and using the evidence-based, peer-reviewed guidelines, the request is non-certified. The guideline states that X for X and X recommends at least X of X with X persisting at least X, X with X, and X. Therefore, the entirety of the requested X could not be supported. In agreement with the X report, the prior non-certification is upheld. No additional information is obtained.”

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

The ODG states that X for X results in X and X when compared with an X. The ODG conditionally recommends X when there is X to X or X, X, and X to X for at least X. The ODG supports a X. In this case, the worker has been diagnosed with X. The X findings are consistent with a X. The examination indicates that there is a X and X with X. While the prior reviewers stated that there was insufficient X and X, There has been an X for the X over the past X including X, X, X, and X, and X for X would not be expected to provide X as the documentation indicates that the X has been X. While the recent X does not indicate that there is a X, the exam is consistent with a X and addressing the X at the time of the X would be prudent as failure to do so could result in X, X, and the need for X. As the alternative treatment would involve a X in this scenario, proceeding with the more conservative X would be appropriate given the X of the patient and X to X. In consideration of the available information, X is 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
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- 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)

Appeal Information

X