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An Independent Review Organization
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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 sustained a X on X when X at X. X was diagnosed with X.

X was seen by X, MD on X and X. On X, X was seen for X. X had undergone X. X complained of X. On examination of the X, the X were X. There was no X or X, or X. X revealed X of X. The X, X to X was X. There was X and X. X of the X revealed X with X of the X. There was no evidence of X. On X, X reported X including X, X, X, and X. X reported X in the X, X, and X. The symptoms were X. On examination, the X appeared to be X. X of the X of X revealed X of X and X of X. There was X and X. Dr. X opined that "In relation to the expected rate of recovery, the patient is X". Treatment plan included proceeding with X and a X as per X.

Notice of Independent Review Decision

Case Number: X

Date of Notice: X; Amended X

X underwent a X session by X, X on X due to X. X had attended X since the initial evaluation. X noted X. The diagnoses were X.

The treatment to date included X.

Per a Utilization Review Decision letter dated X, the request for X for the X, X for X, X was denied by X, MD. Rationale: “Noting the date of injury, the injury sustained, the X, it is not clear how many X have been completed given that no clinical assessment was provided by the treating provider. Understanding the notes from the X, the X completed, nor the efficacy of this endeavor has been objectified to an evidence-based medicine standard. Therefore, when noting the specific parameters as identified in the Official Disability Guidelines, understanding there is a X note but no clinical record from the treating physician, the request as presented is not medically necessary.”

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: “It is unclear how many X have been attended for this injured employee’s X in the X since X was performed. Additionally, X between X and X reveal X. There also continued complaints of X over X. This does not indicate any significant benefit with the X. As such, considering this X there is unlikely to be any benefit with additional X in this request is not medically necessary.”

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

The ODG supports up to X of X for the X management of X. The documentation provided indicates that the worker underwent a X. On X the worker complained of X. An exam of the X documented X and X and X. An initial X evaluation on X documented no X indicating that the worker has

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been utilizing X and X was noted to be X of the X. A X reevaluation on the X documents that X have been X with improving X and X and noted X. There is a request for X additional X. When noting that an initial X of X was efficacious, there are ongoing X, and X up to X of X following X, additional X would be supported. As such, X for the X for X, X are recommended for certification.

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)

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Other evidence based, scientifically valid, outcome focused guidelines
(Provide a description)

Appeal Information

X