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 and 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 X on X resulting in X. The ongoing diagnoses included X.

 X was seen by X, DO on X for X. X did not want to X. X was satisfactory. X showed X. X was X. The X was X. X responded to X previously. X prior X were documented as providing "X." On X, X was noted over X. X with X. X had X with the X. On X, X reported X associated with X. Due to the X, X. When first seen, X was X and was X. X underwent X and X. X stated that X, X got to the X and had X. X no longer needed X. X had a X with X. X had returned. X wanted to get back to X, which included more than X. X

Notice of Independent Review Decision

was consistent with X. X had X. It was noted that X had been a "X" for X. It had prevented X from going X.

An X of the X on X showed no evidence X.

Treatment to date included X.

Per X by X, MD on X, the request for X was X. Rationale: "Per the ODG, X are recommended as X for X with X when intended to X. X are recommended if X. There is no mention of X. Additionally, no objective information regarding the X is provided in the records available for review. Therefore, the requested X is X."

Per peer review by X, MD on X, the request for X was X. Rationale: "Per the ODG X guidelines regarding criteria for X must be well documented, along with X. X must be corroborated by X and when appropriate, X. A request for the X in a X with X requires additional documentation of X associated with X. In this case, there is no documented evidence of X with X on X. There is no evidence of X. There is no record of X since X. There is no record of X to prior X. Furthermore, there is no record of X that would necessitate X for this X. X is not recommended and there is no record of factors that would indicate X as to require the involvement of X. As such, the requested X is not shown to be medically necessary."

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

I agree with the previous denial. Per ODG criteria for X must be well documented, along with X on X. In addition, X must be X by X and when appropriate, X, unless documented X support a X. In this case, there has been no evidence of X. There is no record of X and no record of X which

Notice of Independent Review Decision

Case Number: X   Date of Notice: X; Amended X

this X is hoping to achieve. As such, the requested 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

☐   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)