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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN PROVIDER WHO REVIEWED THE DECISION

The case was reviewed by a physician who is board certified in X with a sub-certification in X and is licensed in the State of X.

REVIEW OUTCOME

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INFORMATION PROVIDED TO THE IRO FOR REVIEW X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X when X was X a X towards X.

X from X dated X documented the claimant underwent X including X.

X from X, X dated X documented the claimant reported X to X and X as wellas X. Documented X findings included X, X upon X, X. The claimant was diagnosed with X, X, X recommended the claimant undergo X.

X of X from X, MD dated X documented the following findings: "X

changes X. X at these X. X needed to determine the significance of these findings."

Office Visit from X, DO dated X documented the claimant reported X after an injury occurring on X when X was X a X towards X and immediately X in X. The claimant described the X as X and X from the X down to the X and X to the X with a X of X. The claimant reported X with X. Documented X findings included X and X, X over the X. The claimant was diagnosed X in the X and X. Dr. X recommended X and X.

X from X, MD dated X documented the claimant reported for a follow up after a X. Documented X findings included X or X. The claimant was diagnosed with X of X; X. Dr. X recommended the claimant continue X, and could X with X.

Prior denial letter from X dated X denied the request for X stating "The above review was made based on guidelines which are developed from acceptable standards of practice as recommended by X specialty societies, the latest evidence from published research, federal agencies, and guidelines fromprominent national bodies and institutions."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The claimant is a X diagnosed with X. The claimant was diagnosed with X and X. The request is for coverage of X.

A review of current X literature demonstrates that the X is a common cause of X, and a X to treat X is consistent with the standard of care.

"The X are essential for effective X between the X and X. X to the X may result from X or X secondary to having either too much X or X in the X, either of which can be derived of X or X." (X).

A paper by X states that "X is felt to be an X and X of X for diagnosis of X can include X in the area of the X, X with X, and X with a X into the X."

"X is a common X of X. Studies have shown that X to X of X is secondary to X. It can occur with or without X. X of the X occurs with X or with an X between the X. Patients with true and apparent X are at X of X. Classically, X is often reported as X, and certain X exam maneuvers such as X can X from X. If X is X and X, then a suspicion for X causes such as X should be raised. When indicated, a X is used to aid the diagnosis and treat of X. This procedure involves introducing a X or a mixture of X and X into the X. Once sustained and X is achieved, the patient can return to X or a X can be X.

Submitted documentation from Dr. X dated X includes X exam findings that are consistent with X including "X." it should be noted that the X and X are X, the "X" is consistent with

a X test. Documentation had also been submitted demonstrating that claimant had already X including "X including X." Furthermore, prior X tried and failed were documented X (X), and X. Given multiple X examfindings consistent with X as well as the failure of X including X and X (X), the claimantwould be considered a good candidate for the performed procedure (X).

Therefore, based on the referenced evidence-based X literatures, as well as the clinical documentation stated above, it is the professional X opinion of this reviewer that the request for coverage of X was medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION: