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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME: X

PATIENT CLINICAL HISTORY [SUMMARY]:
X is a X who was injured on X when X was X. The X, causing X to X. The X, but X, and X did not get X. X was diagnosed with X or X, not specified as X. X presented to X PA-C / X, MD on X and X. On X, X was seen for a follow-up of the X. X had been treated conservatively for X with X, a X, X, and X. Overall, X had X, but continued to have X and X with activities. X noted X and X to perform X activities. On examination of the X, X was limited. X could actively X to approximately X, however, there was quite a bit of X; and X to approximately X. X had a X to the X. X was X of X. The X was only X to X. X, and X were X. There was X with X. On X, X continued to have X. X also had X and X. Examination of the X revealed X over the X and X. X tests were X. X revealed signs of X. There was X to X with X. An X of the X dated X showed X and X of the X, slightly X compared to prior examination. There was X and possibly X. X was noted. Treatment to date included X. Per a Utilization Review decision letter dated X, the

request for X was denied by X, MD. Rationale for X: “Guidelines note that there must be at least X of X and this claimant has only had X. Therefore, the request is not medically necessary.” Rationale for X: “Guidelines recommend this procedure for X and the X report only demonstrated X. Therefore, the request is not medically necessary.” Rationale for X: “Guidelines note that there must be at least X of X and this claimant has only had X. Therefore, the request is not medically necessary.” Rationale for X: “Guidelines note that there must be at least X of X and this claimant has only had X. Therefore, the request is not medically necessary.” Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale for X: “A peer conversation occurred in this case. The clinical details and guidelines were discussed. The provider plans to resubmit in a more optimal timeframe as per guidelines. The provider also reiterated the X, in addition to the X. There is detailed evidence of X of a recent, reasonable, and / or X submitted. However, the patient underwent a X on X: guidelines do not typically support X (and / or associated procedures) within a X of an X having been performed. Therefore, the requested X is not medically necessary”. Rationale for X: “A peer conversation occurred in this case. The critical details and guidelines were discussed. The provider plans to resubmit in a more optimal timeframe as per guidelines. The provider also reiterated the X. There is detailed evidence of month(s) of a X submitted. However, the patient underwent a X on X: guidelines do not typically support X (and / or associated procedures) within a X of an X having been performed. Therefore, the requested X is not medically necessary.” Rationale for X: “A peer conversation occurred in this case. The clinical details and guidelines were discussed. The provider plans to resubmit in a more optimal timeframe as per guidelines. The provider also reiterated the X, in addition to the X. There is detailed evidence of month(s) of a X submitted. However, the patient underwent a X on X, guidelines do not typically support X (and / or associated procedures) within X of an X having been performed. Therefore, the requested X is not medically necessary.” Rationale for X: “A peer conversation occurred in this case. The clinical details and guidelines were discussed. The provider plans to resubmit in a more optimal timeframe as per guidelines. The provider also reiterated the X, in addition to the X. There is detailed evidence of month(s) of a X submitted. However, the patient underwent a X on X; guidelines do not typically support X (and / or associated procedures) within X of an X having been performed. Therefore, the requested X is not medically necessary”.

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

The X recommends X of X going failure X of X with X. The X recommends X for the treatment X following failure X of X. The X recommends at least X of X prior to X unless earlier X criteria are met for other associated X diagnoses. The X recommends X going failure of X of X. The documentation provided indicates the worker was injured on X and has X and X, including X. On X, there is X to X, X. An X has shown a X. The provider has recommended X. As it is over X since the injury with X and X with X is supported. While the X does not recommend X within X of X, under the X of the X reference, the X provides a reference showing a study of over X patients concluded that a X within a X prior to X is not associated with X, but X is. As there is only X this case, X is not a X to X, and the X is supported. Given there is X on X with X than X of injury despite X is supported. As there is objective X on X with X on X, X is supported at the time of X. While there has not been X of X, as there is X on X that is a X, and X persists despite X, the X needs to be addressed with X at the time of X to maximize X outcome.

As such, X, X, X, and X is supported as medically necessary.

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

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL