



530 N. Crockett #1770 Granbury, Texas 76048
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

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

The reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X

The reviewer agrees with the previous adverse determination regarding the medical necessity of:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This X sustained an injury on X, when X was X. Past medical history was X for X. X was X for X. X had included X.

The X evaluation report has X having sustained an X to X on X and has X. X is describing now to be X. X has X. Exam reveals the X

is X and X without X. There is some X. There is X. X can X. X in X is X. X of the X and X are noted to be X. Treatment plan included X. X is unable to X at this time.

The X new patient visit has injured worker with X. X has X. X has been X since the last visit. X has complaints of X. The symptoms are X and X, and described as X and X. Exam reveals X of the X. It is not X. X has trouble X and gets X when trying to X. X is X. X has some X around the X with X. Treatment plan included X and X.

The X progress report is a follow-up visit for X. The X has X. X has been X with X. X still has X. Exam reveals some X. Any attempts to X, there is some X, especially in X and X. X sensation seems to be mostly X. Treatment plan included X.

The X progress report is a follow-up visit for X that persists. X notes X. X does not have any significant X. X has X since last visit. Exam reveals X appears to X. X is X. X has difficulty X and get some X especially when X. X has a X at the X and a X at the X. X has a X. Treatment plan included X.

The X progress report notes X. X is still having X in X. X is also having X. X does report that X. X is noted to show X. Exam of the X reveals X. X is still X. X has X. X has X. There is X. X has X. X still has X. X function is still X. X still has X. X has X. X wishes to X. Recommendation is made for X. X was provided to the X.

The X utilization review report non-certified the requested X. Denial rationale states no copy of the X report was provided. Also, the X notes the claimant was X. The medical necessity for X and X has not been established.

The X utilization review report non-authorized the requested X. Denial rationale states the patient was diagnosed with X. The patient has difficulty X. Criteria are not met for X. Therefore, the requested X is non-authorized.

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

The request for X is not medically necessary. The Official Disability Guidelines recommend X only with an accurate diagnosis of X. Indications for X requires all of the following: X) [Note that successful outcomes from X or conservative treatment may improve test result.

The Official Disability Guidelines recommend X in the absence of other mimicking conditions like X, when ALL of the following are present:X.

In this case, this X sustained an injury on X, when X was X. X presented with X. Exam of the X reveals the X appears to be X, but there is X. X is still X. X has X. X has a X. There is a X. X has a X that has mostly X. X still has X. X function is still X. X still has a lot of X. X has X. However, detailed documentation is not evident regarding any X to support the diagnosis of X. In addition, detailed documentation is not evident regarding a trial and failure of X; however, the formal report was **not** provided for review.

There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X is not medically reasonable or 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

AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
X
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)