

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X (DOB: X) with a history of X from X. The mechanism of injury was detailed as X. The current diagnosis was documented as X. X included X.

Prior relevant treatments included X. The patient underwent X on X. Following X, the patient was treated for X.

When X was seen on X, X reported areas that were X in the X near X.

Previously, the patient received a notice of adverse determination on X and again on X regarding X. It was determined that guidelines required failure of nonoperative treatment prior to X including X and X, X, X, and X.

The patient was seen most recently on X for a follow-up of X. X reported X and X to X and complained of X. Objectively, X was X to the X with X remaining. It was noted the "X", and the X was X. X remained with X with a X over the X and X. X was taken of the X, which was X for X. The physician offered the patient X and X. The patient wished to X. This was due to continued X despite extensive conservative treatment with X, X, and X.

This review pertains to the X and X.

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

According to the Official Disability Guidelines, before any X, conservative therapy such as X and X should be attempted. X and X, adaptive modalities including X, X, and X may be helpful in the treatment of X. After X of conservative treatment, X may be indicated. A X option can include X treated by X and X of the X. X of the X has X to include that when there is X and X available, and X can be used. When the X does not exist and X in the X is mandatory, X or X are an option. Also, when X in the X is not mandatory, many different techniques are available.

While it is noted the patient X to some conservative treatment measures, the physician did not address the prior determination issues regarding why the patient X. Therefore, based upon the provided documentation and in reference to the current evidence-based guidelines, the request for X are not medically necessary. As such, the prior determination is upheld.

SOURCE OF REVIEW CRITERIA:

- 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, X.
- Presley 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)

REVIEW OUTCOME:

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

X

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

I am Board Certified in X and X.