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Notice of Independent Review Decision

IRO REVIEWER REPORT

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:

Board Certified in X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X, F.N.P. examined the patient on X. X was X that day when X was X and X. X stated X. X on X and X and stated that X and X. X was X. X was X and was X. X had X and X was X. X had X and X. X had X but X. The assessments were X. X of X and X were X. X was advised to X, X, and X. X, M.D. then X on X. X was X but X. X had X and X. No X was noted and X was X. X was X and X was X. On X, X reported X was X since the last visit. Exam was X and X and X were continued. X would be sent

to X in X and would X. X was then X on X. X had X that was X. X was X and X. X could X to the X and X and X were X.

X could X to the X and X had X. X was X. X had X. X was X. It was noted the patient had X for X and X, which X. It was deferred at that time. X had X. X was X. On X, the patient reported X in X to Dr. X. X exam was X. An X was X and X. A X was X on X and X. There was a X at X that X and X. At X, there was X or X. At X, there was X or X. At X, there was X with X and X or X. At X, there was X and X or X. On X, Dr. X noted X. X now stated X. X was X. Dr. X then X on X. X had X. X noted following X at X had X. X wanted to discuss X. X had X and X and X. X were X and X. X had X with X and X. X had X and X in X. The assessments were X. Dr. X noted X and X a X. X also X. X would be X. In X, X noted X was X, X, X, and X. X also noted X. On X, a X. On X, X provided X for the X. Additional X were X and X for X.

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

It should be noted the ODG does not recommend X unless the X is X. It should be noted that Dr. X stated X. The X are not recommended, including X and X, for example, in anticipation of X. X are not recommended, as there is no further definitive treatment that can be recommended based on any X (X are not recommended for X). Consideration can be made if the X is X. It is not recommended for X. There are X. Studies evaluating X. Most X on X have used X. In the case of the latter, there are no X to X. In the past, X were those most commonly recommended for X. These do not address X or X. When X, X can X. The latter can X. Other X include X to X to X. A X is X. X and/or X: These X are thought to be of X in X and X. They have, therefore, been suggested for X. They are X. The X of X by X has been questioned, in part due to X. Recent X indicate X that X of X is X. X have X. They do not X from X. X in anticipation of X: The best way to X in X has not been established. Discussions continue as

to whether X are X or X are X. There is X or X. Published studies have X before X. Studies have shown X of X. In a X, X indicated that X, as noted above, they X from X.

The X is X who X on X. X was X when X and X, according to the X. The X by X on the X was X. X were X. The diagnosis in regards to X was X. The X then X the care of Dr. X and X of X. X examination noted X, X, and X. The X, on X, reported X. It was also noted X had X. A X performed on X noted X and X at X. The X was X to Dr. X who evaluated X on X. X exam documented X and X. X were X and X. Dr. X felt X and felt that X. X then recommended X. The X was X on initial review on X and the non-certification was X on X. Both reviewers attempted peer-to-peer without success. Both physicians based their medical determinations on the evidence based Official Disability Guidelines (ODG). The requested procedure, for the reasons outlined and discussed above, does not meet the criteria as outlined by the evidence based ODG. Therefore, the requested X is not medically necessary, appropriate, or supported by the evidence based ODG and the previous adverse determined should be upheld at this time.

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 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

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)