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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was X on X. While X a X, a X, causing X to X. X had X when X had X. The X was X associated X and X following X. X was seen by X, DO on X for X regarding X associated with X. Dr. X stated that X did well with X. It was X in X and X complicated by X, which continued to be X. X was seen for X and general X. X was satisfactory. X affect showed X and X associated with this X. Once again, X had X in the X. On X, X were elicited. Dr. X opined that they were waiting for the IRO process in the past. In the meantime, X, and X over the X. X affect was X actually, and X was looking forward to X once approved. A X dated X was X. X to date included X. Per a utilization review adverse determination letter and a peer review dated X by X, MD, the request for X for the X was non-certified as not medically necessary. Rationale: "Per the X, X are recommended for the X of X with X. The available X indicate that the X of the X resulted in a X; however, there is no mention of X of a X with X. Additionally, it is unclear that the X has X and X specifically as only X is documented. Therefore, the request for X for the X is non-certified." Per a reconsideration review adverse determination letter and a peer review by X MD, dated X, the appeal request for X for the X was non-certified. Rationale: "Per the updated X guidelines regarding X. "Not recommended for X and X." Per this review, there are no documented extenuating circumstances to support an exception to the guidelines regarding the recommended indications for X, which do not include the X or X. Therefore, the request for X for the X is not shown to be medically necessary and is non-certified."

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

Based on the clinical information provided, the request for X for the X is not recommended as medically necessary and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The X note that X are not recommended for X of X. Additionally, guidelines require documentation of X including X and X, since use as a sole X is not recommended which is not documented.

Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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