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***Notice of Independent Review Decision
Amended Letter X***

Review Outcome

Description of the service or services in dispute: X

Description of the qualifications for each physician or other health care provider who reviewed the decision: X

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

Information Provided to the IRO for Review

X

Patient Clinical History (Summary)

X is a X who sustained an injury on X. While at the work, with X that was X and X and X onto X and X of X on the X. X reported a X. The diagnoses included X, X, and X.

X was seen by X, MD on X. X presented for a follow-up visit. X felt better after the X the following X but after X the X returned and X had not improved. X reported X on X of X. X had X and was X. X was X.

A X was completed by X, MD on X. X was able to X with an X and X on X. X reported continued X in X. X rated the X and X. The X increased with X. X had X in X the X of X to the X of X. X continued to X and had not been able to X. X revealed X and X in the X. X was X in X and X with X at the X.

X was X due to X at X and with X on the X and X on the X. X showed X and X the X. X was X in the X and X and X and X were X. Dr. X opined that X was not reached at X.

On X, X was seen in a follow-up visit for follow-up with X by Dr. X. X was X. X reported X. X showed X over the X. X had difficulty X on X. X was to X with X to X compare to X to the X. X showed X. The X was X to X in all X. The X displayed X. The X were X and X was normal X. X showed X in the X. X was decreased on X to X with X. The X was limited and with X. The X was X. X demonstrated X, X, and X. X demonstrated X on X, X, and X.

X evaluation record dated X on X was X and on the extension was X.

A post-designated doctor X was performed by X, MD on X. X complained of X and X. X rated the X and X. X reported X, X, and X from the X to the X including the X and X of the X. When X, X behind X. X was X. Multiple medical records were reviewed. X showed X over both X. There was X to X in the X. X were X. There were no X or X in any X in the X. X was X in the X. The X was X but X showed X to X in the X over a X. There was X in the X and X. X elicited X. X on the X showed X at X. X on the X accompanied by X but no X at X. X seated elicited X on the X and X in a X pattern at X. X were X at the X, absent at X, and X at X. X was X in all X. X was decreased on X, and X.

X was seen in a follow-up visit by X, MD on X. X presented for X and X. X had X. X had X with the X of X job. X was at a X due to X the X and continuing X. X was X from working as of X.

An X of the X dated X demonstrated X. There were X, which may be seen with X.

An X of the X dated X demonstrated A X to X. It was X to X, X to X, X to X with X. There was X at X. It was X to X and X to X.

Treatment to date included X.

Per a utilization review by X, MD on X, the request for X with X was non-certified. Rationale: "Per X, X, Online Version (updated X), X, "X" In this case, there was no documentation of why patient is unable to get an X. The medical necessity has not been established. Therefore, the request is not medically necessary and is not certified."

Per a utilization review by X, MD on X, the request for X with X was non-certified. Rationale: "The provider has not provided any new clinical findings or compelling information to justify overturning the prior non-certification for a X. X supports the use of X for select indications when X cannot be performed or in addition to X or to assess for X, demonstrate a X or for X. There is no documentation to suggest the claimant demonstrates any X to X. As X has previously undergone this study. Additionally, there is no documentation to suggest the presence of X, X or that the claimant will undergo X. Moreover, the provider has not provided sufficient explanation to support the medical necessity of this request including actionable steps post study. The provider has not provided any compelling information to support this request and deviate from guideline recommendations. Therefore, the appeal request is recommended 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 with X at 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-certifications are upheld. The submitted clinical records fail to establish that this patient presents with a condition for which guidelines would support performance of the requested study. When a request is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of X

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-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)