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Notice of Independent Review Decision

Amended Letter

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:

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. X and X. X was X. The diagnosis included other X of the X. X was seen by X, MD on X for X, X, and X. X sustained a X on X. X and X. X complained of X and X. X rated the X. X had more X and X. X examination showed X, X, and X. The X was X. There was X. X / X on X / X was X and X. X showed X. X were X of the X. An X dated X demonstrated findings X of the X. However, X in that X. X were X without evidence of X. There were X the X of the X. X was noted. Treatment to date included X/X, X, X, and X, X, X, X. Per a utilization review adverse determination letter and a peer review by X, MD on "X," the request for X was non-certified. Rationale: "Peer review performed on X noncertified the request for X. Additional records were submitted for review. The patient's X is noted to be X which is within guideline recommendations. However,

the records also include an updated X from X which revealed X, without evidence of X. Furthermore, there were X of only X. Additionally, although prior X noted X of the X, this study did not note X. Based on these findings, a X is not supported. Therefore, X recommendation is to NON-CERTIFY the request for X." Per a utilization review adverse determination letter dated X and a peer review by Dr. X dated X, the appeal request for X: X was noncertified. Rationale: "The ODG by X recommends X for X and X. X and X are well accepted and reliable procedures to X and X patients most commonly performed for X or X. Population-based studies have raised serious questions regarding X for individuals with only X. X is an X when only X is involved. X may be required for X and X. The ODG by X recommends the best X for cases with X. Alternatively, recommend the X on type of X if X are not available. X – X, not otherwise specified. X: mean X. Best practice target X. Per the most recent encounter on X, objective documentation that highlights X and X, X and X, X, X, X, or X to support X is X. Additionally, it does not appear the patient has X, X, and X a X. It is also relevant to note that this request has been previously denied in peer review on X and it is not apparent that significant new information has been submitted to support this X the previous determination. The recommendation is for non-certification."

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

The ODG recommends X when there is X, X, and X that has not X. The ODG indicates the best X of stay following X. The provided documentation indicates the X has X that X, X, X, X, X, and X. The most recent X was X on X. The X findings included X, X, X, X, X at the X, and X. X show X. An X from X showed evidence of X evidence of X and X throughout the X. The provider has recommended X to X. Given the history of X with X, X, and X is supported. Given the evidence of X and X, X is required over X.

Based on the provided documentation, X, X with X is medically 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

☐ 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