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Notice of Independent Review Decision

Sent to the Following

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 was being X and X by a X. The diagnoses included X, X, and X. X was seen by X, MD on X and X for continued pain in the X, X, and X. X stated the X was the X. The pain was described as X in X, X, X, X, and X. The pain was felt most with X, X, and X. It was X with X. X also complained of X and X. X stated that X from X to X. X mentioned that X were X as X had X and X to the X of X and X. The X was rated X. On examination, there was X. X, X, and X were X. It was X that X may require X but would like to address the X first with an X prior to determining what exactly was needed X if indeed X would require X. X of the X on X demonstrated X, X; X; X; and X. There was X, X and X; X on X, X on X,

and X on X. At X, X, X, X, X, and X; at X, X with X of X, X with X and a X, X, X, X; at X, preserved X, X, X, X, X; at X, X, X with a X and X, X, X, and X; at X, X, X, X, and X. Treatment to date included X and X. Per utilization review by X, MD on X, the request for X was non-certified. Rationale: “ODG Online Edition, X and X, Updated X, X for X and X states, "Not recommended (neither X for X, based on insufficient evidence. Recommended on a case-by-case basis as X for X. This is a condition that is X, X, X, and X. ODG Online Edition, X Chapter, Updated X, X, "Not recommended for X. Recommend on a case-by-case for X." The patient is noted to have X. The claimant was diagnosed with X, not elsewhere classified. The guidelines do not support the use of this type of X for X, which is not the case of this patient. There is no X that would support the use of this type of X of the guideline recommendations. As such, the request is non-certified.” Per peer review by X, MD on X, the request for X was non-certified. Rationale: “The claimant has X, X and X, X, X, X. X shows X, detailed above, most pronounced at X, X, X, and X. There are no X included in the request. The guidelines do not support this for this condition, Therefore, X is not medically necessary.”

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 is not recommended as medically necessary. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines would not support the requested procedure for the patient’s clinical presentation. When treatment is outside the guidelines, X should be noted. There are no X 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- 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