



Specialty Independent Review Organization

AMENDED 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:

The reviewer is a Medical Doctor who is board certified in X

REVIEW OUTCOME:

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

X

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This X sustained an injury on X from a X and X. X was X, X on X, and has had X. X is being treated for X.

The X has impressions of: X; a X cannot be completely ruled out; X; no evidence of X; no evidence of X or X.

The X of the X has impressions of: X; X.

The X note is for procedures: X, X; X; X.

The X MRI of the X has impressions of: X and the X of the X; X; X.

The X progress report has complaints of X that is at X, at X and on X. The pain is made X by X, X, X, X, X, X, X. X has had an X in X and X into the X. There is X. There is X. Exam of the X reveals X with X and X noted. There is X noted in the X. X is X with X, X and X. X is X. MRI is noted to show X and X. Treatment plan includes X.

The X note is for procedures: X, X.

The X progress report has complaints of X that is constant, at its X, at its X, and on X. There is X. Exam of the X to X and X noted. There is X noted in the X. X is X with X with X and X. Treatment plan included X, and X.

The X progress report has complaints of X. The pain is rated at X at its X, at its least is X, and on average is X. The pain is X, X, X and X. X takes X on X. The X is X, but X with the X. X has X to the X. X in X and X and has X since then. There is X. Exam of the X reveals X to X and X noted. There is X. X is X with X with X and X and X with X and X. Treatment plan includes continue X, X but X does not want at this time, X, and follow-up as needed.

The X progress report has complaints of X. The pain is rated at X at its X, at its least is X, and on average is X. The pain is X, X, X and X. X takes X on occasional. X gets X. X has X

over the X. X states X needs to wait until after X to get X. Exam of the X reveals X to X and X noted. There is X that is X. X is X on X with X and X and X on the X with X and X. Treatment plan includes continue X, X discussed but X does not want at this time, X, and follow-up as needed.

The X progress report has complaints of X. The pain is rated at X at its X, at its least is X, and on average is X. There is continued X, X usually is X. X takes X per X. X gets X. Exam of the X reveals X to X and X noted. There is X that is X. X is X on X with X with X and X and X with pain with X and X. Treatment plan includes continue X, X discussed but X does not want at this time, and follow-up as needed.

The X progress report has complaints of X, X than X. The pain is X, X, X, X, and X. The pain is rated at X at its X, at its least is X, and on average is X. There is X to the X. Exam of the X reveals X with X and X noted. There is X that is X. X is X on X with X and X and X on the X with pain with X and X. Treatment plan includes continue X, X discussed but X does not want at this time, and follow-up as needed.

The X progress report has complaints of pain in the X that is X. X has been experiencing this pain for X. The pain is X, X, X, and at its worst is X, at its least is X, and on average X. The pain is made X by X, and X. X has X all the X and X and would like to discuss a X. Exam of the X reveals X, X and X. There is X in the X, X. X was X with X with X and X. Treatment plan included X with X. X will be obtained to assess X prior to X.

The request for authorization dated X is for X: X.

An adverse determination letter dated X is for X. Rationale states: The Official Disability Guidelines do not support the practice of X. This guideline indicates that literature studies

have not demonstrated X assistance as opposed to X. Additionally, the supplied medical records do not include any X of the X including the presence of any X to support a X. As such, the request for a X is non-certified.

The X of the X have impressions of: X.

The request for authorization dated X is for X: X, X.

An adverse appeal determination letter dated X is for X. Rationale states The Official Disability Guidelines do not recommend utilization of this procedure based on the lack of evidence showing improved clinical outcomes. The documentation indicated the claimant was recommended to undergo X due to X with prior treatment. Additionally, X continues to X related to the X. However, the documentation does not detail an extenuating circumstance warranting the requested procedure outside of guideline recommendation. Additionally, the most recent imaging reviewed from X indicated that X only had X. Therefore, the requested X is not medically necessary and is non-certified.

The X MRI of the X has impressions of: X and X with X; X of X along the X the X with X; X the X and X with X, X and X the X may be related to X; X, X of the X and the X, X without X; X.

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

In this case, this X sustained an injury on X and is being treated for X. X presented with X and X. The pain is made X by X, X, X, X, X, and X. Exam of the X reveals X, X and X. There is X, X. X was X with X with X and X. However, detailed documentation is not evident regarding X and X,

reasonable and X. There is documentation that X has X and X, but this is not documented to X.

Furthermore, the most recent X, X from X, note X. Although MRI has revealed X, there is a X as to the X (and whether or not that X were X. The X is not supported by the available medical documentation provided for review.

Additionally, the requested X assistance is not indicated as guidelines do not support this request. Ultimate outcome differences of X and X have not been documented to be substantially different than X and/or X. There is X, X, X peer-reviewed literature that shows X to be an X and/or X for the noted X, X procedure which is in itself not clearly supported.

The Official Disability Guidelines state that X was not recommended for X because this method remains an X and X. It may be considered as an option in cases with X where X, as well as for X, where X suggest a X. Official Disability Guidelines also state that X is not recommended based on lack of evidence showing improved clinical outcomes.

There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X is not 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 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)**