



Specialty Independent Review Organization

Notice of Independent Review Decision

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 a X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an injury on X, and is seeking authorization for X with X. A review of the medical records indicates that the injured worker is X for X, X; pain in X.

The X progress report has injured worker with noting the X at X were noted as X. X presents noting X in the X that X. X takes X and is working X. Exam revealed X. X are noted to show X, X, and X. Treatment plan included X followed by therapy. If not better, consider X.

The X note has diagnoses of other X, X; pain in X; X and X; and X. X has X, X, and X. Pain is rated X on X. Mechanism of injury is X was X, X, and X. Exam reveals X is being treated for the X and X and possible X. Assessment notes, X has any pain in the X. X with X and X. X is X on X and X. X is able to X, X, X and is X. X was X as X has successfully completed X. X is to continue X with X as X.

The X of the X has X and X, which is X by X, X is X and X, X and X; X; X or X.

The X treating provider report cites X. X is taking X as needed and is X. X presented with X. X has X on the X of the X during the X, X, X. The previous treatments of X, X, and X. Exam reveals X and X. There is X. Treatment plan included X.

The X progress report has the injured X. X is taking X. X used a X and had X and X. Recently X. X said X. X is rather diffuse, but X. Exam reveals X with a X. X of the X from X was noted to show rather X. There also appears to be X, with X with X, with a X and some X. X notes X has developed X and has not X from X, X, X, X and X. Treatment plan is X.

The X progress report has X exam being X. X of the X on this date are noted to show: X and X in the X. Assessment states the X are coming from rather X and X is likely to help

that out. However, X injury at work may have caused X seen on X. The significant X also see in the X are X and were most X. X has had maximum non-operative treatment including X, X, X, X, X, and X before X was X. The only intervention that may help X to address the X, but it was explained that the X about the X is not correctable by X and so the X is not as X. X wanted to proceed with X.

The X utilization review non-certified the requested X. Rationale for denial stated given there was noted X, X, X, and X, X. Although it was X, X, X, X, and X, X response and the efficacy of these cannot be objectively validated in the medicals before X. Furthermore, the guidelines indicate that X is usually contraindicated with any imaging presence of X.

The X progress report has injured worker noting the X continues to bother X. X to address X was denied. Basically, it appears that given the X, it was X is going to X. X continues to X, X, so we can give some more at X request. We can also submit X. X does have X, but the X, which is X, has more X of X. X is X and continues to have X, but complains of X and X, X. Plan is to appeal the denied X.

The X reconsideration review non-certified the appeal of the requested X with X. Rationale for denial stated it was not clear if the patient has had at X, given X. X was X last X. Further, there was no objective clinical finding of X. Given above coupled with guideline recommendations that X is usually X of X, the requested X could not be supported.

The X progress report has X with X. X continues to be X. X is adamant that X at all prior to X in early X. Request for X to X seen on X was initially denied and then denied again on appeal. The patient notes X, even X. Additionally, the X seen on x-rays, were noted to X. Assessment notes continued

discomfort in the X with X of that X although not as X as the X, which is not X. X is X of the X, X. X may continue to X as allowed by X. X was X, and is now X.

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

As per ODG, “The benefit of X or in the presence of any X and may even be X, X. Ideal patients for X are X, with X or X and X. Due to the X for X, many previously accepted indications for X are now strongly questioned, especially for X, those with X, and those with X.

This X sustained an injury on X and is undergoing treatment for X, X; X. X presented with X, X that started X on X a X. X is rather X, but X of the X. Exam reveals X with a X. X has X. X has X with X and X, which is X by X, X is X at the X and X, X and X. However, there is also imaging evidence of X. The requested procedure, X, is not guideline supported in X/X. There are X, X showing the X and efficacy of the requested X in this X. There is X 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)**