



Specialty Independent Review Organization

Notice of Independent Review Decision

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an injury on X when X, was X when X and X, X. Review of the medical documentation indicates X is being treated for X and X; X; X, X; X; X.

Previous X included X on X and X.

The X of the X has conclusions of: X and there is X the X, most notable at X there is X of the X and a X.

The X of the X has impressions of: broad-based X, X.

Progress report dated X has X with X. Pain is X. Exam reveals X, X noted as X, X, with a X. There is X noted. X is X and X. There is noted X and X. There is X with X and X and X is noted to be X. There is X, X, X. X is X to X and X. X are X as is X and X. X and X were X. Treatment plan included X; follow-up.

Progress report dated X has X with X, X, and X. The X perhaps are X. X reports that X was a X. Exam reveals X and X. X is X and X. X is X and X is X. X reveals a X. X is X. Treatment plan included X and follow-up. X will remain X.

Progress report dated X has X seen in follow-up for X. X reports X. There is X that X as well as X that X. There is X. Exam reveals X, X noted as X, X, with a X. There is X noted. X is X and X. There is noted X and X. There is pain with X and X and X is noted to be X. There is X over the X, X, X. X is X and X. X are X as is X in the X and X. X and X were X. Treatment plan included X of the X and X; refer for X; and follow-up.

The utilization review dated X non-certified the requested X and X. X states the patient reported X pain in the X to the X as well as X that X. X reported X. X had X. X had X and X, and X in the X and X. X and X were X. X and X were X. There was a request for X and X; however, there was no X findings documented to objectively validate current X. Furthermore, there were no records submitted around the time the previous X was done to have a X and establish a

significant change in X or findings suggestive of significant X to support the need for repeat X. Lastly, clarification is needed if patient was X as this was the X and X for non-invasive evaluation of X.

Progress report dated X has X with complaints of X and X. X reports X as well as X that X. Pain level is X. Exam reveals X, X noted as X, X, with a X. There is X noted. X is X to X and X. There is pain with X and X and X is noted to be X. There is X the X, X, X. X is X to X and X with X. X are X as is X in the X and X. X and X were X. Treatment plan included X and X refer for X; and follow-up.

The utilization review dated X non-certified the appeal of the X and X without X. Denial rational states there is insufficient clinical information provided to support this request. The submitted clinical records consists of a X note. There is no X completed to date or the patient's response thereto submitted for review.

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

This X sustained an injury on X and is being treated for X and X; X; X, X. There is noted previous X on X with X on X. X presented with X with X. Exam reveals X, X noted as X, with a X. There is X noted. X is X to X. There is noted X. There is pain with X, and X is noted to be X. There is X over the X. X is X to X with X. X in the X is X. X and X were X. However, detailed documentation is not X and X and X. Furthermore, documentation is not evident regarding an X having been utilized to evaluate X. Detailed evidence of X has not been documented. There is no X presented or X noted to support the medical necessity of this request as an

exception to guidelines. Therefore, the request for X is not medically reasonable or necessary.

This X sustained an injury on X and is being treated for X and X; X; X. X presented with X that X to the X. Exam reveals X, X noted as X, X, with a X. There is X noted. X is X. There is noted X. There is pain with X and X is noted to be X. There is X. X is X. X are X as is X in the X. X and X were X. However, detailed documentation is not evident regarding X and X, X. In addition, there is noted X from X. Detailed evidence of X and/or progressive X has not been documented. There is X or X 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)**