

True Decisions Inc.
An Independent Review
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Notice of Independent Review Decision
Amended
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 while at X when X was X and while doing so, X was X, X. The diagnoses included X, X, X, X, and X. X was seen by X, MD on X for X and X. X reported X had X since the X on X. The X was X, X, X, and X. It was described as X, X, X, and X, and rated X. It was X to the X, X, X and then X, X. It was associated with X. It was X and X and X. On examination, there was X. The X was X from X. X were X in the X. There was X, X, and X; X, and X. X of the X was X. X was X. X was X in X, X, X, and X. Per the note, X / X study on X showed X of the X. It revealed X. On X, X, PA / X, MD

saw X for a follow-up of X. The pain was rated X. It was not X. There was no X, X, or X. X complained of X. X had X, which showed X / X that was due to X and was related to X. On examination, X appeared X. X range of X was X in X. X was X. X continued to have X, X. X and X were X.

X examination revealed X, X, X, X, and X. Per the note, X evaluation for the X on X resulted in a X. On X, X was seen by X, DO for X. X complained of X and X, X than X. It started as a result of a X on X where X was X and X and X. Initially, X was treated for a X that had X, but X continued to have X the X and X. The pain was described as X, X, X, and X. It could get X of the X and X. It got X, and X. The X and X to the X into the X. X had X in the X. On examination, the X in X and X was X. X had X over the X and X with a X. X was X to the X. The X was X and X. X were X. X was X in X and X. X in the X was X. An X of the X on X demonstrated X or X; X; X on the X without evidence of X; and X. It also showed X and X to X and X; X with X on the X and X; and X. Treatment to date included X, X, X, X, X, X, and X. Per initial adverse determination review by X, MD on X, the request for X with X was non-certified. Rationale: "Regarding the request for X, Official Disability Guidelines recommends X at a X than X on a case-by-case basis as a short-term treatment for X, X, and/or X that results in X, when used in X with X. The claimant complains of pain to X. There was X, X, X to the X / X, X / X. The X and X are X. X denies X, X, and X. As such, the notes lack documentation of X that would support the requested treatment. Furthermore, X is not recommended only for X. There is no record of X. Therefore, the request for X with X is non-certified." Per reconsideration review by X, MD on X, the request for X was non-certified. Rationale: "The request is for a X with X. This request was previously denied due to lack of documentation of X that would support the requested treatment. A request is submitted for a X with X. The date of injury is listed as X. A medical document dated X indicated that subjectively, there were X described as a X of X. Objectively, there was documentation of X and X in the X with a X in the X. It was documented that a past X disclosed findings consistent with X with X on the X with no evidence of X. There was documentation of what was described as X at the X. As a general rule, the above-noted reference does not typically support a medical necessity for treatment in the form of a X as a means of management with regard to X. The submitted clinical documentation does not identify the X and X. X, presently, based upon the medical documentation available for review, medical necessity for treatment in the form of a X with X is not established. Recommend non-certification."

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, and the previous denials are upheld. There is insufficient information to support a X, and the previous non-certifications are upheld. There is no documentation of recent or X. Additionally, there is no documentation of X or X to support X. As a general rule, the above-noted reference does not typically support a medical necessity for treatment in the form of a X as a means of management with regard to X. The submitted clinical documentation does not identify the presence of X and X.

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 UMKNOWLEDGEBASE
- 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