

## **Notice of Workers' Compensation Independent Review Decision**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a X with a history of an occupational claim from X. The mechanism of injury was detailed as X. The documented diagnosis included X. Prior treatments included X. On clinic visit note dated X, the patient complained of X. The patient's X was X. X failed X at X. A X with X, offer X, and X. A request was submitted for a X.

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

Per the Official Disability Guidelines X are generally not recommended for patients with X, X or X due to the lack of evidence in the literature for clinical efficacy. Therefore, the requested X would be considered X and X of X, etc. While X has been used to treat patients with X there is insufficient evidence that X is effective for these indications.

### **SOURCE OF REVIEW CRITERIA:**

- 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
- Presley 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) ODG by MCG ([www.mcg.com/odg](http://www.mcg.com/odg)), Evidence-Based Medical Treatment Guidelines, updated Mar 31, 2021

**REVIEW OUTCOME:**

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

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X**