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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: 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 with date of injury X. X was X. X was diagnosed with X. On X, X, DO evaluated X for follow-up. X continued with X, as outlined in previous notation. X had tried X, but this pain continued. X had already X over a X prior to X, and they were treating X for X under the Workers' Compensation injury. This was following X. X had X. X had X. X pain was X. The pain X and this was X with X of X associated with X. X had been tried on X. The X caused X. X was X. X did X. An X of X dated X revealed a X. At X, there was X. At X, there was a X. The X. At X, there was a X. A X was X, suggesting the X. X was X and this contributed to X. Treatment to date consisted of X. Per a Peer Review dated X, X, MD non-certified the request for X. Rationale: "Official Disability Guidelines discuss X, noting that X is X because current evidence supporting X is conflicting. Thus, overall, the treatment

guidelines at best provide equivocal evidence for X. Moreover, if this procedure were to be considered, it is not clear that there is an indication for X or that benefit would outweigh the risks for X particularly given that the procedure itself has only equivocal evidence supporting benefit. Considering these factors overall, it is not clear that a X would support an indication for X at this time. For these multiple reasons, this request therefore is not medically necessary and should be non-authorized." Per a utilization review dated X, the request for X was non-authorized. Rationale: "Official Disability Guidelines discuss X, noting that the procedure is X because current evidence supporting this procedure is X. Thus, overall, the treatment guidelines at best provide X for this procedure. Moreover, if this procedure were to be considered, it is not clear that there is an indication for X or that benefit would X for such X particularly given that the procedure itself has only X supporting benefit. Considering these factors overall, it is not clear that a X would support an indication for X at this time. For these multiple reasons, this request therefore is not medically necessary and should be non-authorized." Per a peer review dated X, X, MD non-certified the request for X. Rationale: "ODG by MCG Last review / update date: X, X. Also see the X. "Not Recommended (generally) NR Not recommended due to the lack of quality supportive evidence. While X are infrequent, they can X, X should only be used as X." "Per the ODG and as noticed by the prior reviewed, X are not recommended by the ODG on the basis that X have not been shown to be efficacious by quality evidence. Additionally, a X is not necessary or otherwise recommended to justify X. Additionally, no information is provided to indicate the need for X for the requested procedure. Therefore, the requested X is non-certified." Per a utilization review dated X, X is non-authorized per peer review. Rationale: "ODG by X Last review / update date: X. Also see the X. "Not Recommended X Not recommended due to the lack of quality supportive evidence. While X are X, they can X, X should only be used as X prior to X." "Per the ODG and as noticed by the prior reviewed, X are not recommended by the ODG on the basis that X have not been shown to be efficacious by quality evidence. Additionally, a X is not necessary or otherwise recommended to justify X (and when appropriate, subsequent X). Additionally, no information is provided to indicate the need for X for the requested procedure. Therefore, the requested X is non-certified." Per a Peer Review dated X, X, MD non-certified the request for X. Rationale: "ODG by MCG (Last review / update date: X) X: Not recommended due to a lack of quality

supportive evidence. While X are X, X. X should only be used as X. ODG Criteria: While X is not recommended, if still performed, the following criteria should be met: Clinical presentation should be consistent with X. X, is X. NO quality evidence has supported a "X." "ODG by MCG (Last review / update date: X) X: X is considered important in X." "The injured worker has X without X. The injured worker reported X. On examination, the injured worker had X. The injured worker reports X." "Per this review, the injured worker had had X. There is no support for X. Overall, the requested X is not shown to be medically necessary and is non-certified." Per a utilization review dated X, reconsideration / X is non-authorized per peer review. Rationale: "ODG by MCG (Last review / update date: X) X: Not recommended due to a lack of quality supportive evidence. While X. X should only be used as X. ODG Criteria: While X is not recommended, if still performed, the following criteria should be met: X. NO quality evidence has supported a X. X, and it is only recommended as X." "ODG by MCG (Last review / update date: X) X: X is considered important in X." "The injured worker has had X. The injured worker reported X. On examination, the X had X. The injured worker reports X." "Per this review, the X had X. There is no support for X. Overall, the requested X is not shown to be medically necessary and is non-certified."

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. The submitted clinical records indicate that the patient has X. X reported X. Current evidence based guidelines would support X and do not support 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 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

☐ 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