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Notice of Independent Review Decision
Amended Letter

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 when X. Per a progress note dated X, X was seen by X, DO. X was noted to have X and a X. It was determined with recent X which Dr. X just went over directly with X with X that was placed at X while X was in X was in the X, as far as X as the X. It was X and it was a X. Unfortunately, X was not getting the X with this X. The provider discussed new recent advances in X including X for X and X. Furthermore, it was discovered that X had a X above X. X on X showed X resulting in a X at X as read by the X. This was above X from X. X felt this made sense. X had X over this X and X and X. Unfortunately, X did X including X and X, which both X and X and X. X also offered X no X and X wanted X,

X to X pain complaints. The provider laid out a plan, which would initially include X for X most likely X above X. Furthermore, with this X did not get X with the current X, which was placed by a X. They knew and preferred to these X that being said they could X, which was X, which would include X to see if there was a X which would allow them to X to a X and X. X would give both these to consideration. However, X wanted to proceed with X in the near future. The provider went over X and there were no X. X understood X would receive X in the X to keep X in the X. X did bring a X including X, X, X, X, X, and X. None of these would be prescribed and they would arrange for X as an X, X. X did have X as the provider did show X a X and X stated "that's it" both in X and X. There was no documentation of X findings in this report. There was no documentation of current X this visit. The current request was for X performed under X. In a follow-up visit dated X, Dr. X noted X continued with X, X and X having X, X and X. X most recently reviewed X. X showed X had a X through a X and X as placed was X, X and X. X continued to have X. X had X in this X. As a result, Dr. X was going to go ahead and recommend X at that level. This would be done at X. This would help treat X, X pain above X as X showed signs of X. X pain however was consistent with this X, which was made quite evident on X. Other options could include a X, which unfortunately gave X and X stated was X, Other options would be X to X. X had been recently started on X per X family physician and / or X and a follow-up appointment for X at the X. X of pain would be advised. Due to X complicated history, X and X associated with X, X would require X in the X. X gave X such as X, X as well as the X agent such as X and X. In an X, Dr. X added, "After reviewing the denial, apparently, the doctor did not review our history and X whereby the patient continues to have X above the X, X in the X today to the X. X pain is described as X, X in X, it does not X. This despite the use of X type utilizing X. We are trying to help X get well and avoid a X for X as certainly another option to switch to X for X, However, the X of this pain suggest with X MRI that X has X above X previous X and X may respond to X and that is the reason why we are resubmitting for this here today." The X of the X and X dated X showed X. The findings showed X in X and X with a X. There was X. There was X and X. There was X of the X. On the X, there was no significant X and X or X. X of the X dated X showed prior X as described and no X. X was questioned without X. An MRI of the X dated X, X of the X. X / X and X without X. Treatment to date included X, X, and X. Per utilization review dated X, X MD denied the request for X under X, X as medically necessary. Rationale: "Based on the clinical

information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There is lack of objective clinical findings to support the request as stated above.” Per reconsideration review dated X, X, MD upheld the denied request of X performed under X and X, X. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines reference above, this request is non-certified. This X injured the X on X when X. The reported condition is considered X because X have X. There was a previous adverse determination dated X, whereby the previous reviewer non-certified a similar request. A X was performed (no date). A request for X, X, was made. The request is non-certified for the following reasons: the Guides do not recommend this X / evidence demonstrating its X, more importantly given the X, it is doubtful that the requested X would X in pain X. The note dated X. were given special consideration. The documentation provided for this APPEAL request is either NOT significantly different from the original request OR does not adequately address the objections from the previous reviewer.”

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

X agree with the denial as X do not have support in the medical X and X, X. The claimant’s condition is not X as the date of injury was X. The treating provider has not clearly documented the objective findings in support of the procedure and given X, it is doubtful that the requested X would X. Medical necessity is not established.

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