



17304 Preston Road, Suite 800 | Dallas, Texas 75252  
Phone: 214 732 9359 | Fax: 972 980 7836

## 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**

M.D. 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]:**

The patient is a X with a date of injury X, when X and X. X is diagnosed with X, X, and X with X. X complains of X and X. Treatment included X as well as X. Examination on X shows X on the X. There is



17304 Preston Road, Suite 800 | Dallas, Texas 75252  
Phone: 214 732 9359 | Fax: 972 980 7836

a X on the X and X in the X, X, and X. X MRI of the X shows at X, X. There is X and X and X. At X there is a X, X with X in the X. There is X and X. X is present. X testing X shows X noted on the X. There is a X, consistent with a X. X underwent a X and X on X. Reportedly, X gained X for X with this X. The request is for a X.

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

Per ODG references, the requested X is not medically necessary. According to the ODG, X should require documentation that X. Also, according to the ODG, X is better supported with documentation of X requirement after the previous procedure". In this case, only X is documented with the X at the same levels on X. As such, ODG criteria for X are not met. Therefore, the request for X is non-certified.

**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  
KNOWLEDGE BASE



17304 Preston Road, Suite 800 | Dallas, Texas 75252  
Phone: 214 732 9359 | Fax: 972 980 7836

- ☐ AHCPR- 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