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:
The reviewer is a Medical Doctor who is board certified in X.

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

X

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an X on X and is seeking authorization for X with X. A review of the medical records indicates that the X is undergoing treatment for X.

Previous treatment has included X.

MRI of the X dated X has X, X, some X but the X is nearly X; X.

New Patient report dated X has X with X. Since that time, X has had X and X. The pain is described as X. Everything X does X and X. Use of X causes pain to be X. X was initially treated with X and X. X continued to have X and was sent for an X. Symptoms are rated at X in X. Exam reveals X, X by the X. X with X. X has X. X testing is X on the X compared with the X. There is X. MRI is reviewed and noted to show a X with about X. Treatment plan included X.

Utilization review dated X non-certified the requested X with X. Denial X stated it is unclear to what X there has been X treatment provided for this X. The progress note dated X is only X after the date of injury where X is recommended. The amount of previous X provided during that time is not stated. There is also no mention of treatment with X. Without additional information regarding X, this request for X and X is not supported.

Progress report dated X has X with X and X since the injury. X went to X, which made X. Exam reveals X going through X and X. X only has about X and X. X has a X. There is X in X at X. X has X around the X and X. Treatment plan included X.

Utilization review dated X non-certified the requested reconsideration of X. Denial rational stated there continues

to be no indication the claimant has X or X. As such, the requested X and X is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
This is a X who sustained an X on X and is undergoing treatment for a X. X presented on X with X and X since the X. Exam reveals X going through X and X. Actively, X only has about X and X. X has a X. There is X in X at X. X has X to X and X. X went to X, which made X. The X MRI showed X on X in X, some X but the X is X.

In this case, this X is X. X has tried X with X, with a X at X. There is documented X with a X. There is X in X. X has X and X. MRI demonstrated a X, X already with X. The criteria have been already reasonably met by a X. Any further such treatments would have X of resolving the clinical-imaging X. Therefore, the request for X and X is medically necessary.

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 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 (PROVIDE A DESCRIPTION)