

True Decisions Inc.
An Independent Review Organization
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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X while X. The diagnosis was X. X had a X. X reported X. X felt like X. X were getting X. X still X with X. X also X. X had X. X was done. X included X. X had attended X. X was seen by X MD on X for follow up of X. X was seen on X, at which time, X was prescribed X. X reported X. Symptoms were X. X reported X. X was described as X. On examination, X .X.X. An X. There was X of the X. The X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Per evidence-based guidelines, X. A request for X. Given the age of injury, there is X. This was X. Therefore, based upon the provided documentation, the request is X. Based on the clinical information submitted for this review and using X." Per a reconsideration review adverse determination letter dated X by X, MD the request for X. Rationale: "Given the age of the injury, the patient has X. Per peer to peer discussion with Dr. X the patient has X. However, the first PT note provided was from X and it is therefore X. Also, the patient's X. In addition, there was X. Furthermore, objective evidence of X. Detailed X. There were X noting significant X. X is needed for the request at this time and how it X. Based on the clinical information submitted for X

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

The request for X. The ODG recommends X. The ODG X. The documentation provided indicates the worker X. An X. Given the X. While there has not been a X. Deviation from the guideline is advised for the X. The general request for X. As such, the recommendation is to X.

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