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An Independent Review Organization
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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 who was injured on X. X stated X moved an X. Next day X woke up with the X. The diagnosis was X.X was seen by X, MD on X for X. X presented for a X. The X had been X. The course had been X. The X was described as a X. The pain radiated to the X. The symptoms had been associated with X. Previous diagnostic tests included X. Previous evaluations had included X. Previous X had included X. Previous medications had included X. X had been prescribed X. X had not used X. X asked to X. And X with medication. X did X. X reported X did use X. On examination, X was X. The X. Increased pain was noted at X. The assessment was X. X were prescribed. The plan was X. X had pain from X. X had X. X had X. X was an ideal candidate for X. X preferred to X. The plan was to X. The assessment was X. X had X. X had seen a X. X had X. X was an X. An X of the X was performed on X. At X was seen. At X was noted. At X. At X, there had been X. There was a X. There was X. Treatment to date included medications X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Official Disability Guidelines states that X. Not recommended for X.

The claimant presented for are X. The claimant stated the X. There is X. Therefore, the request for X. "Per a reconsideration review dated X by X, MD, the request for X. Rationale: "Official Disability Guidelines states that "X." In this case, there was a prior denial as there X. The provider states that the claimant has seen a X. However, there is X. As such, this request X. Recommend X." X. Based on review of the submitted records, the claimant appears to X. Per the documentation from the providers they X. Per the X exam note the claimant did have a X. Based on these findings, the request meets guideline criteria for a X. As such, the request for X.

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

A X. Based on review of the submitted records, the claimant appears to X. Per the documentation from the providers they are X. Per the X exam note the claimant did have a X. Based on these findings, the request meets guideline criteria for a X. As such, the request for 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**