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An Independent Review Organization
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Notice of Independent Review Decision

A description of the qualifications for each physician or other health care provider who reviewed the decision: X

Description of the service or services in dispute:

X

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 whose date of injury is X. The mechanism of injury is described as X. The pain is X. X has a history of a X. X reports the pain pattern is X. Has not been able to X. X dated X shows at X. Moderate X. X significant X. X are noted. Office visit note dated X indicates that the patient complains of X. Patient is not currently in X. Current medication is X. On X examination is X. X is decreased X. X are X. X is X. Office visit note dated X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The request X. The initial request was X. The submitted documentation did not indicate if the patient had X. X must be corroborated by X. A request for the procedure in a patient with X. The denial X. X must be corroborated by X. A request for the procedure in a patient with X." In this case, the. A successful X with X, MD occurred. Per the peer conversation, the details of the request were X. Dr. X reported X. X confirmed X. X agreed to submit a copy of the X. As of this report deadline, X. The request is not shown to be X." There is X. There is X. There are X. There is no documentation of X. Current evidence based guidelines note that a request for the procedure in a patient with X. Therefore, X.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor

Texas Guidelines for Chiropractic Quality Assurance and 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)