

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now X. The mechanism of injury was detailed as X. The diagnoses of the patient included X. The patient had X. The prior treatments of the patient included X. On X, the patient was seen for X. The patient X ongoing X. X had X. The X in X. X had previously participated in X. They had been X. The X exam findings of the patient noted X. There was X. The patient had X. There was X. There was a plan for X.

In an undated prior review, it was stated that the request for X. The request was X.

On X, the patient presented for an evaluation related to X. The patient's pain had X. There were X. X factors include X. There had been X. X was status X of X. X had X. The X in X. X previous X. There were X. The patient had previously participated in X. X was now participating in a X. The provider noted that the patient X. X had X. X participated in a X. The patient had X. The provider recommended X. A request is noted for X.

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

SUPPORT THE DECISION: The Official Disability Guidelines (ODG) states that X. A request for a procedure in a patient with X.

The prior request for X. The request was denied as the X. In this case, the patient reported ongoing X. On exam, there was X. X previous X. The patient had been treated with X. The provider recommended a X. However, the documentation did not detail that the patient had X. Additionally, X. Given the age of the patient's injury, it should also be detailed whether the patient had prior X. Given the lack of X. As such, the X.

SOURCE OF REVIEW CRITERIA:

- 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

 - Presley 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)

REVIEW OUTCOME:

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

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

X