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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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who sustained an injury on X. X complained of X. The diagnosis was X. On X, X presented to X, MD for evaluation of X. X presented for a X. X had a X. Pain radiated to X. Pain was X. It was described as X. It was X. It was X. Associated symptoms included X. Affected X included X. X was X. Examination of the X revealed X. X was X. There was X was in place and was X. An X of the X dated X showed X. X of the X dated X showed X. An X of the X dated X showed X. An X of the X dated X showed X. Treatment to date included X. Per a notice of adverse determination dated X by X, MD, the request for X. The rationale was as follows: "There is X. X was X. Therefore, the request for X. "Per a notice of appeal adverse determination dated X by

X, MD, the request for X. The rationale was as follows: “The requested X. The X report has X. The X report demonstrates X. The patient has X. The medical documentation does X. The guidelines have X. Therefore, the request for X.” The claimant had reported X. The claimant’s X did note X. X did note X. However, the records did X. Therefore, it is this reviewer’s opinion that X. Therefore, the request for X.”

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

The claimant had reported X. The claimant’s current X exam did note a X. X did note X. However, the records did X. Therefore, it is this reviewer’s opinion that X. Therefore, 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)**