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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]:

This is a X who sustained an X. A review of the medical records indicates that the injured worker is X.

X initial examination addendum dated X has X having been referred to X. X presents X. X has not been X. X has X. X

has X. The pain is noted to be a X. The X scale is X. The exam reveals the X. The X is X. In X. The X reveals X. There is X noted, except with X. X has X. X is X. X are X. X is noted in X. The X are X. The treatment plan included X.

X note dated X is noted to be X. X presents using X. X states to be X on X. X states to still have X. X still states to X. The X scale is X. The exam reveals X. X can X. The X was X. The X was X. The X were noted to be X. X is noted in the X. X are X. The assessment notes X. X also has X.

Utilization Review report dated X was for the requested X. The request was X. The rationale stated the claimant has X. Current request for X. There is X. The claimant has X. The claimant has X. There are X. Therefore, the medical necessity of this request is X.

Utilization review dated X was for the X. The request was X. Rationale states the submitted clinical records indicate the claimant has X. The request for X. When X, exceptional factors should be noted. There are X documented. The patient has X.

An undated utilization review request states the X had X. X to date are noted as X. Services requested included: X. Diagnosis is listed X.

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

As per ODG, "X :X". Also, as per ODG, "X:X"

In this case, this X sustained an X.

Overall, X presented on X. X has made X. X is performing X. The X scale is X. X is also noted to have X. The X was X was X, X. The X was X. The X were noted to be X. X is noted in the X. X are X.

However, X was noted to have been X. An undated utilization review request states the X had X. X to date are noted as X. The documentation is X. Additionally, the requested number of X. The remaining X. There is 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**
- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY 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)**