True Decisions Inc.
An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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:

☐ Overturned Disagree

☐ Partially Overturned Agree in part/Disagree in part

☒ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
X who was injured on X, when X. X. X. The diagnoses included X. X underwent X. X was evaluated by X, MD on X for a follow-up visit for an injury that occurred on X. X

started that X. X. X was taken to the X where X was in an X. X was informed X. X underwent X. Due to the X. X stated X had X. X was X. There was X. X increased and were X. X X had reduced. Examination of the X revealed X was X with X noted. X showed the X. X is X.X. Examination of the X revealed X. X were X . Examination of the X revealed X. X provoked X. Examination of the X reveals X. X of X were X. Examination of the X revealed X. X were X. Examination of the X revealed X. X were X. There was X. X were X. The assessment included X. X was referred to X. X was advised to X. X was X. A follow-up in X. A X on X showed X. The X on X showed X.A X of the X on X showed X.The X on X showed X.Treatment to date included X.Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The injured worker X. The progress note dated X shows that the injured worker X. The injured worker reports X. The injured worker X. A X examination of the X reveals that X. Records show that the injured worker was followed-up with X. The more recent notes dated X do not mention any X, and therefore, there is no medical necessity for X.Per a reconsideration / peer review dated X by X, MD, the request for X was denied. Rationale: “A peer-to-peer conversation occurred. The designee for the treating provider. No additional information was provided that would change the determination. The injured worker has X. Therefore, the requested X is not medically necessary.”The claimant had sustained a X. However, the most recent evaluation noted the examination of the X revealed X. There were X. It is unclear how X. As such, it is this reviewer’s opinion that medical necessity is not established and the previous denials are upheld. X not medically necessary and non certified

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

The claimant had X. However, the most recent evaluation noted the examination of the X revealed X. There were X. It is unclear how the X. As such, it is this reviewer’s opinion that medical necessity is not established and the previous denials are upheld. X not medically necessary and non certified

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 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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL