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***Notice of Independent Review Decision
Amendment***

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 Overtuned Agree in part/Disagree in part
 Upheld Agree

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. The X of the injury was X. The diagnosis was X On X, X was evaluated by X, DO for X. After injury X. X was treated with X. X pain had X. X was at the time only X. Dr. X would like to X. X could X. Examination revealed X came to the office in a X. There was X.

Treatment has included X. The diagnosis was X. Dr. X recommended X. Treatment to date included X. Per a peer review dated X by X, DO, the request for X was denied. Rationale: "According to an office note by Dr. X on X, there was documentation of the claimant having history of a X. There was also documentation of the X, There was also documentation that X. There was also documentation that X. X exam revealed the claimant X. There was also documentation of the plan to X. However, while there was documentation that with X. Therefore, X is not medically necessary. "Per a peer review report dated X by X, MD, the request for X was denied. Rationale: "There is X. There is X. Therefore, X is not medically necessary. "Based on review of the supplied documentation, including progress notes and peer reviews, the claimant has X. While there are X. The provider is documenting X. Thus, the X. It is noted that the claimant does have X. However, the provider notes that it appears X. Given the noted X is medically necessary. X

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

Based on review of the supplied documentation, including progress notes and peer reviews, the claimant has X. While there are X. The provider is documenting X. Thus, the X. It is noted that the claimant does have X. However, the provider notes that it appears X. Given the noted X is medically necessary. X

Overtured

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 X**
- 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)**