



Specialty Independent Review Organization

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

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an X on X, and is seeking authorization for X. A review of the medical records indicates that the X is undergoing treatment for X.

The operative note dated X has X undergoing an X (X) of the X and X as well as X. X diagnoses were X.

Progress report dated X has X seen X for the X. X still has X in the X in general. Exam reveals the X is X. It is easily X through the X again. X is X as expected. The X was removed in the office. X were noted to show X. Treatment plan included X.

Progress report dated X has X seen for X history and X for X. X is scheduled for X. Based upon the results of the evaluation X, X was made aware X has X and X which has produced X. Exam reveals X through the X which is getting X as the X are starting to X. X has X and X of the X. X has X of the X. There is prominence of the X on the X. X has X of the X with X. Treatment plan included proceed with X.

The X note dated X has X undergoing X.

Progress report dated X has X. X has not been in X since X started. X is X, but overall is much better than X was initially after X. Exam reveals a X over the X of the X along the X which will have to X by X. X has X of the X but X. X of the X at the X which is expected from the X. X of the X with X show X and the X; X. X of the X show X for X and X with X and X. Treatment plan included X.

Progress report dated X has X stating X is doing well. X has X last day in X later this week. X was noted to be ready for evaluation X and X. Exam of the X and X reveals X. The X of the X near the X is X nicely. No sign of X. X has X.

Discontinuing the X will help with X. X of the X with X were noted to show successful X. X of the X have findings of X. Treatment plan included X.

Utilization review dated X non-certified the requested X. Clinical rationale states the documentation provided indicates the X sustained X. They are approximately X. The X is placed for X while the X. X show what appears to be a X across the X.

The provider wants to further evaluate the X and X. This is consistent with the X. The provider has recommended X. This appears to be a clerical error from the provider's office as there is no need for X. As such, X is recommended with X; however, peer discussion was not completed to discuss X and therefore, the request is non-certified.

Utilization review dated X non-certified the requested X. Clinical rationale states the claimant has X. X show appearance of X. Guidelines do not support use of this X for the X. There are no exceptional indications noted. Therefore, this request is not medically necessary.

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

As per ODG, "Not recommended for the X, X or X. There are no high-quality studies published in peer-reviewed journals accepted into X."

Also, as per ODG, "Not recommended for X. Not recommended solely to protect against X. Removal of X is appropriate for some situations where X may not be

involved. X stabilizing X following X or X must eventually be removed so that the X can resume X (eg, X).”

This is a X sustained an X on X, is seeking authorization for X. X is X to treat X and X on X. X presented on X noting to be doing well. Exam of the X and X reveals the X with X with no sign of X. The X of the X near the X is X. No sign of X. X has X. X of the X with X were noted to show X across the X. X of the X have findings of X of the X with no evidence of X. The treating provider requested on the exam dated X evaluation of the X.

However, a portion of the request under review is for X. In this case of X having undergone X, a X would not typically be indicated or supported. Additionally, there is limited published, large-scale, long-term peer-reviewed literature that shows X to be an effective and/or safe treatment for X, X or X. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as a relative exception to guidelines. Therefore, the request for X not medically necessary.

**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)**