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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

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

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

### PATIENT CLINICAL HISTORY [SUMMARY]:

This X 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. Past medical history was X for X. Past X history was X for X.

Conservative treatment has included X.

X of the X dated X has impressions of: the study is degraded by X; however, there appears to be a X of the X without X of the X; X throughout the X. X changes are seen at the X, there are X at the X from prior X, currently there is X throughout the X; X is X, X of the X which is X and X, difficult to evaluation due to the X, however likely represents X without X, X is X, X is not well seen; X is X, no X is seen, no X is seen, no X are noted, no X is seen.

Progress report dated X has injured worker with X. X cannot X. X has a history of X. Exam reveals X. X is X with X. The X is noted to feel X during X. Treatment plan included X. Progress report dated X has injured worker with X. X is in X with X; however, X describes X. Exam of the X reveals X. X is X with X. The X is noted to feel X during X. Treatment plan included X.

Utilization review dated X non-certified the request for X. Denial rational states the claimant had X previous X. Physical exam findings revealed X. However, the claimant did not have subjective findings of X. Furthermore, the claimant has had X and guidelines recommend only having X. Furthermore, X findings revealed X. Guidelines recommend X for claimants with X. In addition, the claimant is X and has X of X. Because the adverse determination for X has been X, an adverse determination for any associated X is also X.

Progress report dated X has injured worker with X that X with X and X. Exam of the X reveals X. X is X with X. The X is noted to feel X during X. Treatment plan included X.

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

In Regards to the requested X:

As per ODG, “X: Results of X are X to those of X. While X may be achieved in most patients, selection criteria should include patients with X. (X) (X) Although X had similar short-term outcomes with X, by X was X.”

This X sustained an X on X, is seeking authorization for X and X, and is undergoing treatment for X. X initially presented with X. X could not X. X has a history of X and X on X, and, a X procedure including X. On X, Exam reveals X. X is X with X. The X is noted to feel X during X. X dated X notes X appearance of the X which is X and X, difficult to evaluation due to the X, however likely represents a X.

The claimant is X, in addition to X (as X procedures.) X documents X of the X. Provided documentation demonstrates subjective and objective X that are corroborated by imaging studies. X and X of X modalities has been documented.

However, the considered procedures do not meet applicable clinical guidelines. Exceptional indications and/or rationale are not evident. Rationale for this reviewer’s opinions includes as follows:

The claimant has X without X (unlike prior presentations.) X has not been detailed. The claimant has had X in X. However, applicable clinical guidelines specifically support potential for X post only X prior X procedure. X revealed X appearance of the X, supporting the plausibility of a X of X. Guidelines do not support another X (including X) in cases of X. In addition, X include X. These place the claimant at X, and which do not appear to have been discussed in detail. Overall, therefore; the X is not medically reasonable and necessary.

In regards to the requested X:

As per ODG, “The X keeps the X in X that takes X. X for X and X may X to the X but are not used for X.”

The requested X is not supported. Therefore, the request for X is also not medically reasonable and 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**
- AHCPR- 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)**