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An Independent Review Organization
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Notice of Independent Review Decision
Amended Letter 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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. X stated that X was injured while performing X. X sustained injuries to the X when X was X. The X was between X and the X when X experienced the X. The diagnosis was X. X evaluated X on X, for a follow-up on X and X on X. X reported X began X as X was X. X also reported X with X and X. On examination of the X, there were X present in X or X, X present in X, and X. On examination of the X, there were X in X or X, X in X, and X noticed, that was X, just X in the X. The assessment was X. It was noted that X had started X to help X. X was to follow-up on X and return to X. On X, X was evaluated by X for injuries sustained in a X incident that occurred on X. X stated that as a result of the X, X

sustained injuries to X. X was treated by X and released to follow-up with X doctor. X stated X prescribed X. X was reversed. X was seen by X and X underwent X on X. X was X as per X. On examination, X was noted of X. X was X and X was X. X appeared to be X than X. X was noted to be X upon X. X had difficulty X and X. X were X. On X, X was evaluated by X in a follow-up. X presented for injuries sustained in a X incident that occurred on X when X sustained injuries to X. X was treated by X and released to follow-up with X doctor. X stated X prescribed X. X was reversed. X was seen by X and underwent X on X. X released X to X. X on X was X with X of same date. X was seen again for a X in X and X. However, X reported no further injury or X. X was released with X as a recommendation. X stated X continued and X was worried about the X in X and felt no one was listening. X wanted a second opinion. On examination, X was noted to be X. X had X and X from the X. The assessment was X, not specified as recurrent. The plan was to undergo X as recommended by X. Based on the demonstrated X, X would be return to X. X was to follow-up with the X as scheduled. Treatment to date included X. Per a utilization review adverse determination letter dated X, X, X denied the request for X. Rationale: "Per Official Disability Guidelines, X, Online Version (X), X (X) for X, "Not recommended for X as there is no evidence of successful outcomes compared to X." In this case, the record indicated that the patient can X. Without X to X, this request is not medically necessary. Thus, this is not certified." Per a reconsideration review adverse determination letter dated X, the appeal request for X (X) was noncertified by X. Rationale: "ODG does not support X. Within the associated medical file, there is a previous adverse determination rendered due to lack of documentation of X. Additionally, the patient was diagnosed with X and X (X). However, given a plan to return to X, the prior adverse determination's concern for lack of documentation of X, has not been addressed. Additionally, there is no rationale supporting the request (where ODG states that X for X is not recommended for X as there is no evidence of successful outcomes). Therefore, X am recommending non-certifying the request for X."

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

Based on the clinical information provided, the X request is not recommended as medically necessary and the previous denials are upheld. There is insufficient

information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient was diagnosed with X. The Official Disability Guidelines note that X is not recommended for X as there is no evidence of successful outcomes compared to X. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

