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An Independent Review Organization
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Notice of Independent Review Decision

Review Outcome

Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
X

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, when X. The diagnosis was X.

On X, X underwent X as requested by X. The study showed X performed X versus X as required by X job. On X, X underwent X and qualified in the X.

On X, X presented to X as referred by X with chief complaint of X rated at X. X also complained of X rated at X. X past X history was X. The X was X for X and X. On X, the X was scored X, X was X, X was X, and X was X.

There was X noted about the X. X sustained X. A X was pending. Also ordered was X. X had previously had another X and had previously received X. X had obtained X.

On X, X returned to X as referred by X for X rated X, X rated X. X reported that following the X, X was taken to X where all testing was X. X reported X in X and X. X complained of X. X reported X. X had X in the X. On X, the X was scored X, X was X, X was X, and X was X. Orders were placed for X and X. X was to continue to work with X to get the X added to X case.

Per X, X placed X off X from X through X pending program.

X of the X dated X showed X.

X of the X dated X showed X. X or X; X, without X; X at the X may represent X or X from X; X and X of the X, X of the X, with X of the X, in combination with the X, would X; and X.

Treatment to date included X.

In a peer review dated X, X denied the request for X. Rationale: The request is not medically necessary. The request in question was framed as a X evaluation for X in X. While ODG's X topic acknowledges that X is "recommended as an option, depending on the availability of X," here, however, the outcomes of the program in question are unknown. ODG further notes that one or the primary criteria for a pursuit of treatment through X is evidence that "the patient is not a candidate for X, X, or other treatments to X." Here, the claimant has reportedly received X, the results of which, if favorable, would obviate the need for the X and associated X in question. Multiple components of the request are, thus, at odds with guidelines set forth in ODG for pursuit of X and X. Therefore, X is not medically necessary."

In a peer review report and reconsideration dated X, X upheld the denial for X. Rationale: Based on a previous peer report by X, Board Certified in X doted X, the request was denied stating, "The request in question was X as X. While ODG's X topic acknowledges that X is "recommended as an option depending on the availability of X," here, however, the outcomes of the program in question are unknown. ODG further notes that one of the primary criteria for pursuit of treatment through X is evidence that "the patient is not a candidate for X, X, or other treatments to X." Here, the claimant has reportedly received X for X, the result of which if favorable would obviate the need for the X and X. Therefore, X is not medical necessary. In response to the questions, X further opined that the appeal for X was not medically necessary. Rationale: "It is noted the claimant is a candidate for X. which disqualified X for X, Therefore, the appeal for X, the appeal for X, the appeal for X and X and X, and the appeal for X and X and X was not medically necessary as the claimant was a candidate for X, which disqualified X 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 request for X is not recommended as medically necessary and the previous denials are upheld. In a peer review dated X, X denied the request for X. 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 has been recommended for X. However, the submitted clinical records also indicate that the patient has received authorization for X. There is no clear rationale provided to support X at this time when the patient is X. 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-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)