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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
X is a X who was injured on X. X was involved in X. The diagnosis was X. On X, X was seen by X, DO for continued X. It was X into the X. The X was rated at X. X had signs and symptoms indicative of X. X was X on the previous X. X, with the X, X got X in order to justify under the ODG guideline, repeat treatment. X expressed X as X had recently X and X did not understand going into that X why X had to X." X had X and examined X for X and procedures. X continued to X. X had X. The X was X on the X. X had X in the X. On X, X continued to make progress for the X and X into the X and X below the X. X rated X. X had X treatments. X had a X. X had X, which provided more than X. X did not want to X as X was already at X. On examination, X with X. X was X and X. The X was X. X showed marked X associated with delay in treatment. Per the note, X on X showed X. Treatment to date included X. Per the peer review report dated X by X, the request for the X was

denied. Rationale: “Based on the documentation provided and per the guidelines, the requested X is not considered medically necessary in this case. Though the claimant has a history of X with X, there was no documentation of X nor X nor X of X with prior X. Additionally, there was no documentation of continuing with conservative treatment outside the X. As such the request is not considered medically necessary in this case. Therefore, X is not medically necessary.” Per the peer review report dated X by X, the request for the X was denied. Rationale: “Official Disability Guidelines. X Chapter support the usage of X when criteria have been met. This would include statements that discuss X as well as X. Notably, this would be a X. The previous denial was based on this documentation which is not included in this documentation that I have reviewed today. Therefore, the request is not certified.”

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

The request for X was reviewed. Based on the clinical records, there is no clear documentation of X per ODG. The previous denial was appropriate given the lack of noted X.

Given the documentation available, the requested service(s) is considered 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 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