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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

X have determined that X is not medically necessary for treatment of this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This Patient is a X who sustained an injury on X and has requested authorization and coverage for X. The Carrier denied this request indicating that it was not medically necessary for the Patient's medical condition.

A review of records indicated the Patient was being treated for X. The Patient's past X history was X for X. Conservative treatment has included X.

The X provided for review had X. The X states that the Patient was doing X without any complaints. X symptoms were reported to be much X. The Patient initially had X in X symptoms, but then reported has some intermittent return in X, although these were X from prior to X. The Patient continued to have X symptoms and X and X, and was X. Examination of the X at this visit revealed X, and there was X and X. The Patient's X was X. X was X. X were X. X was X in the X. Treatment plan included X.

The X stated that the Patient was doing X and continued X. The Patient continued to X and was X that week. Examination of the X revealed that the X was X and there was X. The Patient had X and X and X. X was X in X, X in X, X, and X, and X in X and X. X was X. X were X in the X. The treatment plan included X and X and follow-up at X.

The X states that the Patient was X. The Patient presented with X to review and had complaints of X and X, as well as X. The Patient stated that this was becoming more consistent and affecting X. X also had complaints of X and X and X as well as X in the X. Examination of the X revealed X of the X to X in the X and there was X with X. X was X on X and X and X in X and X. X was X in the X. X were X in the X. X was X

in the X. X were reviewed and reported to show evidence of X and X across the X as expected. The Patient had some X noted on the X above and below the previous X. The treatment plan included X.

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

The Official Disability Guidelines (ODG) state that X are recommended for X associated with X, according to criteria below. The Official Disability Guidelines do not recommend X for X or X. X have not been proven to be effective for typical X or X, nor are they recommended for X. When X (X) is indicated, studies have not supported X guidance for X over simple X. X are not recommended for X and X. Criteria for the use of X must include documentation of circumscribed X with evidence upon X of X as well as referred X, X symptoms for X, and X such as X. A maximum of X are to be performed per session. X are not recommended unless there is X with X for X after X and documented evidence of X. Frequency should not be at an interval of X. There should be documentation of continued ongoing conservative treatment including X, since use as a sole treatment is not recommended. If X or X, the treatment plan should be reexamined and may indicate an inappropriate diagnosis.

This Patient is a X sustained an injury on X and has requested authorization and coverage for X at the X between X to X. The Patient was being treated for X.

. The Patient presented on X with complaints of X. X also had X. X stated that this was becoming X and X. Examination of the X revealed X. There was X with X. X is X on X and X, and X. X was X in the X. X were X. X was X in the X. However, detailed documentation was not provided for review regarding X as circumscribed X with evidence upon X as well as X. The ODG guidelines do not recommend X. There is X in this case as evidenced by a date of injury of X. The ODG criteria for X include circumscribed X with evidence upon X as well as X, which is not

evident on the examination report dated X. The ODG guideline criteria have not been met. There was no compelling rationale presented or extenuating circumstances noted in the information provided for review to support the medical necessity of this request as an exception to guidelines.

Therefore, X have determined that authorization and coverage for X is not medically necessary for treatment of this patient's condition.

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: X CHAPTER – X FOR X**

☐ **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)**