

IRO Certificate No: X

## **Notice of Workers' Compensation Independent Review Decision**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a now X with a history of an occupational claim from X. The mechanism of injury is detailed as X. The current diagnoses of the patient are documented as X. The X of the patient were documented as X. The previous treatments of the patient include X.

In a clinical note dated X, the patient was seen for X. The provider stated that based on the clinical interview and objective testing performed during the assessment, there were no contraindications for X.

X of the patient's X from X noted no X. There was X. The X were X. There was X that measured X. There was X at X. There was X with X. There was X.

In a clinical note dated X, the patient was seen for an evaluation related to X. The patient reported that X was worsened with X. The patient's X improved with X. X denied X to the X. However, X had X in the X of the X. X had X.

X endorsed X that was X. The patient reported that X was starting to X. Previous X had provided the patient with X on the day of the X. The X exam findings of the patient's X noted X. X were noted in the X. The patient had X. There was X. The patient had X. X revealed X. X in the X. There was X over the X. There was X with X. The provider noted that the patient had X consistent with X and X in the X and X. X of the X was reported to show X. There was X to the X that was consistent with X. The provider stated the patient had X and X.

The patient was to continue to participate in X. The provider noted that the patient has been cleared by X and X to proceed with X. The provider stated that they would appeal the decision for denial of X.

In a previous review dated X, it was stated that a request for X was denied. The request was denied as there was a lack of supporting documentation that the patient was informed of the X of the X, there was a lack of documentation regarding X, there was an X with X as confirmed by exam and X, and there was a lack of X (given prior X) to determine that any X or X had been ruled out prior to consideration for the X.

This is a review for X with X / X, X / X / X.

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

The Official Disability Guidelines states that X are conditionally recommended for the treatment of X with X, as a salvage treatment for patients who have X for X. Per X (X), X have been shown to X. The previous request was denied as there was a lack of supporting documentation that the patient was informed of the X of the X, there was a lack of documentation regarding X, there was an X with X as confirmed by exam and X, and there was a lack of X (given X) to determine that any local or X had been ruled out prior to consideration for the X.

In this case, the patient had complaints of X. X exam findings noted X. X were X. The patient was previously treated with X. The patient had a X evaluation and was deemed appropriate to proceed with X. However, the documentation identified that the patient had X of previous X and X. The documentation did not identify that the patient had recent X as recommended per guidelines for further evaluation.

The documentation did not clearly identify the patient was thoroughly informed of the X or that the patient was advised that as many as X of patients may experience X that did not provide X even after a X. The documentation did not clearly identify that the patient had exhausted alternative measures of conservative treatment. The documentation reported X. However, the

documentation did not identify X. In addition, the exam findings were not X related to X or X in which there was no evidence of X. Therefore, the medical necessity of the treatment has not been established. As such, the X is not medically necessary.

**SOURCE OF REVIEW CRITERIA:**

- 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:  
ODG by MCG (X), Evidence-Based Medical Treatment Guidelines, X, X (X)  
for X, updated X
- Presley 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)  
X, X., & X. (X). Improving care of X patients with X amidst the X. X.
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

**X**