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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 had an injury of X. X did X for the X. X was X. X was able to continue to X. The diagnosis was X. On X, X was evaluated by X, MD. X complained of X. X was able X, able to X, and able to X. X at the time was X. X level at the X was X, and at X was X. X was X and X. X helped it. It had been going on for X. The X onset was associated with X. The X was described as X, X and X. Treatments tried included X. The X was made X by X. It was made X by X and X. X was X. On examination, there was X on X / X / X and X and X in the X. There was X in the X on the X at X and X. The assessment was X. X was recommended X. If X was successful, X (X), followed by X would be requested in addition to X. It was noted X had a degree of X about X. X expressed a X and/or a X to not having a X while the procedure with X was being performed. Per X, X was a candidate for X. On X, X was seen by Dr. X for complaints of X. X at the time was X. X at the X was X, and at X was X. X had a X on the X. X made it feel X. There were X since the last

visit. X was denied X on the basis that X had X. X never had X. Examination was X. The assessment was X. An appeal to IRO was requested. An X of the X dated X revealed X. There was X and X at X with X in the X. At X, there was X. The X was X. There was X and X. At X, there was X. There was X. There was X. There was X. The X. At X, there was X. There was X. The X were X. At X, there was X. There was X. There was X. The X was X. An X dated X demonstrated X. There were X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the X, was denied. There should be the absence of X. X may be grounds to X, only to be considered for X. One X is required, and no more than X during any X. In this case, the patient whose past medical history was significant for X per subjective report recently presented with X which was made X by X and X. The recent exam was notable for X in the X on the X at the X and X; and X. X in the X were X. X was X. Focusing on the X, the findings from X of X were X. The X and X were likely X, X on the X. At X, there was X. X has had X. A request was made for X at the X. The patient's recent X and X are consistent with X. X has had the X. Nevertheless, guidelines do not support X on patients with X. Hence, the entirety of the request could not be fully supported." Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This X injured the X on X when X used a X. The reported condition is considered X because X have elapsed since the injury. Medical necessity for the request could NOT be determined because of the following: the patient's X were not provided; the X does not include X of the injured X; the X exam is either X or X of a X. X are done but without mention of X, with no stated improvement. Other treatments include X. Relevant findings from the X include the following: X. The X on/in X included among other findings the following: at X, X; Relevant procedures and interventions are as follows: A X at X was performed (no date). A X (X) was performed (no date) reporting X at X. A request for X was made. The following criteria were satisfied: the X is X; the patient has X over the X; the X is done in anticipation of X. The request is NOT certified because the following criteria were not satisfied: there is evidence of X. The documentation provided for this APPEAL request is either NOT significantly different from the original request OR does not adequately address the objections from the previous reviewer." Per evidence-based guidelines, X for X is

recommended prior to considering X (eg, X). A X is the preferred procedure to determine X. In this case, the patient complained of X. It was noted that X were denied because mistakenly, the patient was said to have had X. This was not the case as X had X. X examination on medical report dated X revealed X had X on X. X had X in the X on the X at the X and X. An appeal request was made for X. However, X were not identified to support the necessity of the request. There was no documentation of quantifiable findings for X of the X to assess the patient's current 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. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient is not X. X indicates that X needs X. X date is X. Current evidence based guidelines note that X may be grounds to X of X and is only to be considered for X. It appears there have been no active treatment X in X. X notes X at the levels of X, 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- 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