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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 when X. The diagnosis was X. A follow-up note was documented by X, DO on X indicating X continued to X. X continued to suffer from X into X and X. X was consistent with injuries including X. X had X with X on the X. X was awaiting an approval for X. Due to X associated with X including X, X was X status as X had on X as well as X, X would require X in the X. That was the standard of care. A peer physician, not X, had wrongfully declined this suitable manner to prevent X with X who presented himself with X and X status. Dr. X would not perform the procedure without appropriate monitoring and X in a still X field for X. That was based on Dr. X clinical experience X in the treatment of individuals like X. That was not X, which the doctor was citing on the ODG, that was X. More importantly, X would be monitored and it would be comfortable to

see that X did not X and X during the procedure. Dr. X would have to resubmit for X at the X. X had documented a X and X, which meant it was in the X. It was observed by the X and X clinical symptoms had been corroborated. Any further delays in the treatment would only lead to more X complaint with further X anticipated. In the meantime, X with Dr. X were advised. Per a letter dated X by X, DO to X, DO, Dr. X stated X was seen with chief complaint of X. X was otherwise in X, X when X was X. X had since X. Due to the persistent nature of X, X was referred for X of the X, which indeed was remarkable for X. X was X with X. X graded it X. X related X showed X as X answered X on X. X (X) or risk for X was X. X was X. On examination, X walked with X and X. There was X at X with X at X as well as X at X. X had X with X on the X and X on the X. X was X in the X, however was X in the X with X noted. X extending into the X were noted. The assessment was X. Dr. X stated X prognosis was X. Dr. X stated X in the form of X should go a long way in X recovery period. Dr. X discussed the above findings and recommendations with X. X was eager to go forth with this in X approach as soon as possible. This method would hasten X recovery period as soon as possible. In the meantime, X was advised X. X was given some tips regarding X techniques. Dr. X stated due to X status, X and X associated with X, X would require X in the X. Dr. X stated they began X on X and would get X off X during that treatment period. X was also given X at night. Per the follow-up note dated X, Dr. X documented that X did not understand why X was not approved for the reasonable and necessary treatment under the ODG guideline for X based on Dr. X history and X and X injury that should be approved in a timely manner. X was now on X and on X. X expressed X, X, concern that the X would X already notable X, and requested X, not X, X. Dr. X was providing X to provide a still, safe X with X associated with X. As a result of the denial, they would have to resubmit. X called and continued to express X, X, and X as described in the initial evaluation of X. X was X in X could perform both at X and at X as well as in the X with Dr. X. This was due to X. While the edge of X had been "taken off" utilizing X and X, X was also on a X at X. They were trying to avoid X and would go ahead and arrange for X with X. An X of the X dated X revealed X. There were X at X and X with X and X. There was X at X. X dated X was X. Treatment to date included X (X, X, X and X), X and X. Per a utilization review adverse determination letter dated X, X, MD denied X at the X with X performed X. Rationale: "Per ODG X guidelines regarding criteria for X, "X must be well documented along with objective X findings on X. X must be corroborated by X studies when appropriate, X, unless documented X, X and X support a X diagnosis.

A request for the procedure in a patient with X requires additional documentation of recent symptom X associated with X of X....X is not generally recommended. When required for X, a patient should remain X enough to X.” In this case, there are signs and symptoms of X, with correlating X findings and a prior X trial. X is reasonable. However, there is no record of extraordinary circumstances that would necessitate monitored X care for this procedure X is not recommended and there is no record of factors that would indicate such X as to require the involvement of X or X. Although the treating physician claims that the claimant has X status, there is no record of X that would correspond to that designation, which indicates the presence of X. Furthermore, X status alone would not necessitate monitored X care. X is not shown to be medically necessary. The request for an X is not shown medically necessary and is non-certified.” Per a reconsideration review adverse determination letter dated X, X, MD denied X. Rationale: “There is a request for X. Documentation does not substantiate X involvement in the recent X. In addition, there is no clear documentation of a X or X condition that would necessitate X for this routine X procedure. Therefore, the request for an X is not medically necessary.”

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

The request for X and medical records were reviewed. The treating provider has noted X and X and X at X with X at X as well as X at X. X was X in the X with X noted. X extending into the X were noted. X has noted X and X consistent with X. As the patient has X with X into the X with X changes and has X conservative treatment with X, the request for X at the X is supported as 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