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Notice of Independent Review Decision
Amended Letter X

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. The biomechanics of the injury was not available in the provided records. X was diagnosed with X. X was seen by X, X on X for a X evaluation. X was X on X. X continued with some X. X was improving with X, which was stopped due to X. X had been progressing well and had less symptoms with X. X was in X at the time with goals being set, that had not completely been meet per X notes. The X worked on X. X presented with X to review, which showed evidence of X and X the X as expected. X did have some X noted on the X and X the previous X. X had complaints of X. X also had a X in the X. X stated that was becoming more X and X. X also had complaints of X and X, and X as well as X in the X. X also stated in the X, the X of X was X and X after a X and wondered if that was

related to the X. On examination of the X, the X was X. There was X noted over the X in the X. There was X. There was X. X was able to maintain X with X. X was able to X with X. X in the X was X. X in X were noted to be X. X was X over X. It was discussed that X in X was not related to the X. X could change X to as needed but X was to continue X at the time. X could consider X in the X as that was a differential diagnosis. As X had some X at the level above and below X prior X, it was possible that it was X related so X could proceed with X and if these did not improve or if X or became more X the X, a complete X would be suggested. The previous X had revealed X and X as well as X which suggested X injury causing X and the X. Due to X, X was recommended. X would benefit from some more X, but at the time, the plan was to work on X and work with a X without X. If X, X would be recommended. Treatment to date included X. Per a Utilization Review Determination letter dated X by X, MD, the appeal request for X was non-certified. The rationale was as follows: "ODG notes that X is recommended to determine next treatment steps if there is evidence of X or findings suggestive of X (e.g. X). In this case, the X has new complaints of X in the X. The X was previously treated with X in X at the X and X. Documentation does not show that there had been X since the prior X and X, as the clinical findings have remained unchanged. The clinical presentation does not support any new exam findings that would suggest X as the current findings are consistent with the prior X study results. Therefore, the medical necessity of this request is not established. Recommend non-certification." A X was documented by X on X indicating the request for X was not medically necessary. The rationale was as follows: "ODG notes that X is recommended to determine next treatment steps if there is evidence of significant change in symptoms or findings suggestive of significant new X (e.g. X). In this case, the X has new complaints of X in the X. The injured worker was previously treated with X in X at the X and X. Documentation does not show that there had been a progression of a X since the prior X and X, as the clinical findings have remained unchanged. The clinical presentation does not support any X findings that would suggest repeat X as the current findings are consistent with the prior X study results. Therefore, the medical necessity of this request is not established. Recommend non-certification." A X was completed by X on X indicating the X request for X was non-certified. The rationale was as follows: "The injured worker previously had X. The submitted medical records do not document a X that would warrant the request X. Furthermore, it is not clear

as to what X that the injured worker has attempted as it relates to the X. There appear to be no X that would supersede the recommended guidelines. Therefore, the request for X is not medically necessary.” Per a Peer Review dated X by X, the request for X was non-certified. The rationale was as follows: “The injured worker previously had X. The submitted medical records do not document a X clinical scenario that would warrant the request X. Furthermore, it is not clear as to what X that the injured worker has attempted as it relates to the X. There appear to be no X that would supersede the recommended guidelines. Therefore, the request for X is not medically necessary.”

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’s X notes that X. X is X in all X throughout the X. X are X. There are no X findings documented. There is no prior diagnostic testing submitted for review.

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