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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 experienced X. X symptoms began X and X. X was diagnosed with X. X was seen by X, MD on X for complaints of X. X had experienced X in symptoms. X was X and X. The X at its X was X and at its X was X over the X. X request for X the X and X was denied based on the fact that X did not benefit from the X and X. X did note X from the X. Based on the X response, Dr. X was proposing that the X benefit was related to the X of the X. X was relieved by X during the prior week. The amount of X provided by X was enough to make a real difference in X life. X was X. The X were X. The X revealed X. X had been compliant with X. On examination, X was X. X was as expected within the context of X complaint at the time. There was X noted over the X. On X, X could X touching X

just above the X. X was noted over the X and X. X over the X region (X / X) was X. X was noted to be X in the X. X was X in the X and X and X and X; and X in the X. It was X in the X. X on the X produced X below X at X. An X of the X dated X revealed following findings: X. X from X and X were noted. The X was noted with X of the X and X on the X. There was X to X noted after the X with X of the X on the X with X on the basis of X. That could cause the symptoms. No X was noted. X changes were also noted at the X where there was X and X noted. X noted X and to the X with X of the X on the X at the X with the X was X. The X was X. There was X of the X. No X was noted. A X of the X dated X revealed X. At the X, there was X noted. At the X, there was X and X. X was noted. The X was X. X was noted. An X and X study of the X dated X revealed X. The assessment included X. Per Dr. X, X showed X. Based upon the recent X, all the X was happening at the X, even the X. There was X at the X per the recent X. On the prior X they had mentioned "X noted with X of the X, particularly on the X." Quite likely there was X of the X at the X due to X. The medical necessity for the X at the X (intended to address the X) was as follows: X had X as documented by recent X showing X. For the X, X response was considered to be X and X of X for X. An X was proposed above the previously X. That may allow the X upon X at the X. An X at X had a X in X. Treatment to date included X. Per an Adverse Determination letter dated X, the request for X was not medically necessary or appropriate. The rationale was as follows: "Regarding the request for X, according to the Official Disability Guidelines, the request for X are not supported. The guidelines state that X should be X per X, and X require documentation that previous X produced a X and X. There must also be supported by documented evidence that the claimant X after the previous procedure. The information provided for the review did not support any claimant who had exceptional factors or extenuating circumstances to support X of X to be X. There was no record of the claimant receiving X following X for X in X with a reduced need for X throughout that timeframe. Given these findings, the current request is not supported. As such, the request for X is non-certified." A Preauthorization Adverse Determination Appeal Request was documented by Dr. X on X. Dr. X requested a re-review of the previously provided records and reconsideration of the request of X. Dr. X documented that the X would be performed at X with X. The report clearly indicated this was not a X, this was a X with X to treat X at X. Only X was requested. As indicated in X report, Dr. X stated, "X will amend X previous request and propose X above the previously X. This may allow X upon all

X at the X. An X at X has a X of resulting in a X. Recommendation X – X (intended to address the X).” Dr. X opined that the X allowed for the X to X than X and was often preferred for people with X in order to treat X with X. Dr. X specified X reasoning for X in order to treat the X in X note. The verbiage listed on the request was confusing, therefore, the X was amended to indicate the word spread to X. This was not a X of the previously performed X. The X was a X at the X and X on the X. The requested procedure was X, which would be performed X to treat X and not X. The reviewing physician apparently thought the prior X was actually X. Dr. X documented on the X follow-up that X demonstrated X, X and X in X. Dr. X reiterated that result in the X note as X stated “to be more precise; however, X did note X benefit from the X. Based on the X, X am proposing that the X benefit was related to the X.” There was not X use following the previous X due to X that X experienced. Per an Appeal Request Denial letter dated X, the request for X - X (X and X), X (X) and X (X) still did not meet the medical necessity guidelines. It was denied by X, MD. The rationale was as follows: “The request for authorization of X at X, X is an appeal. The rationale for denial of the request was a lack of documentation of guideline recommendations including only X should be X during the treatment session, X require documentation that the previous X produced X and X for X. Documentation of X requirement after the previous procedure. Given the current findings, the request was not supported and was non-certified. The treating provider submitted an appeal for review dated X with rebuttal Information. The physician stated that it was not a X of the previously performed X. The prior X was a X at X, X, X. The requested procedure was now X, which was to be performed X to treat X and not limited to X. The physician noted that the claimant reported X. To be more precise, the physician noted partial benefit from the X, based on the X, X was X was related to the X at the X. The claimant did not X use following the previous X as X had X. This is an appeal request for X. Regarding the request for X - X: The Official Disability Guidelines state that X is recommended for X. The request for the procedure for the claimant with X requires additional documentation of recent symptom X associated with the X in the X. No more than X should be X at a treatment session. X is not generally recommended when required for X, the claimant should remain X enough to reasonably converse. In the clinical record submitted for review, there was documentation of X. However, there was a lack of documentation that the X was X in nature, though there was recent symptom X associated with the X of the X

that would warrant the request. In addition, the guidelines stated that no more than X should be X at a treatment session, and the request was for X, X, which is not warranted. Therefore, the request for X is non-certified.”

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

The medical records were reviewed. X agree with the previous denials noting a lack of clinical examination documentation that the pain was X in nature. Additionally, the records failed to support X following X for X in conjunction with a X throughout that timeframe. Given the clinical records provided, the request for X is not 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