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An Independent Review Organization
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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 who was injured on X. X stated X. Next day X. The diagnosis was X. X was seen by X, MD on X for X. X presented for a X. The onset of the X. The course had been X. The X was described as a X. The X to the X The X was aggravated by X. The symptoms had been associated with X. Previous diagnostic tests included X. Previous evaluations had included X. Previous X had included X. Previous medications had included X. X had been prescribed X. X had not used X. X asked to X. X rated pain X. And X with medication. X did X. X reported X did use X. On examination, X blood pressure was X. The X was X. Increased pain was noted at X. X test was noted on the X. X demonstrated X. The assessment was X. X were prescribed. The plan was for X. X had pain from X. X had X. X had X. X was an X. X preferred to X. The plan was to X. On X, X was seen by Dr. X. The assessment was X. X had X. X had seen a X since X. X had X. X was an X. An X of the X. At X was seen. At X was noted. At X. At X, there

had been X. There was a X. There was X. Moderate X. Treatment to date included medications X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Official Disability Guidelines states that X. Not recommended for X. The claimant presented for X. The claimant stated the X. There is X. Therefore, the request for X. "Per a reconsideration review dated X by X, MD, the request for X. Rationale: "Official Disability Guidelines states that "X." In this case, there was a X. The provider states that the claimant has seen a X. However, there is X. As such, this request X. Recommend X." A X may be warranted after X. Based on review of the submitted records, the claimant appears to have X. Per the documentation from the providers they are recommending a X. Per the X exam note the claimant did have a X. Based on these findings, the request X. As such, the request for X.

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

A X may be warranted after X. Based on review of the submitted records, the claimant appears to have X. Per the documentation from the providers they are X. Per the X exam note the claimant did have a X. Based on these findings, the request X. As such, the request for X.

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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**