

## **Notice of Workers' Compensation Independent Review Decision**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was being treated for X. The records submitted for the review included X. When the patient was seen on X, X continued to have X. The physician stated the patient X. X was on a X. X pain X. The physician plan to give X. The plan was to schedule X.

The patient's X examination was conducted on X. X had X. The X was X. X were also noted.

The patient received a notice of adverse determination on X and again on X. The conclusion from X stated that there was X. It was also unclear if the X. This review pertains to a X.

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

Current medical literature has noted that X. X have been shown to be X. The Official Disability Guidelines were referenced in this case to provide information on the subject

and state that X. The information submitted for the review indicated the patient had X. However, recent exam findings X. There was X. Therefore, while it was noted that the patient had a X. As such, the request for X. The prior determination is X.

**SOURCE OF REVIEW CRITERIA:**

- 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

**REVIEW OUTCOME:**

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH  
PHYSICIAN OR HEALTH CARE PROVIDER WHO  
REVIEWED THE DECISION:**

X.