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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, when X. The diagnosis was X.

X was seen by X, MD on X for evaluation and X. Pain began as a result of injury at X in which X. X underwent X. X stated that the pain was X. X could also X. X had been X. X also had X. X response on X was also X. X showed X. X stated that the pain X. X was on X. Pain was located in X. The onset of pain was X. The cause of pain was X. The characteristic of pain was X. Pain was rated X. Pain was X. Pain was made X. Pain was made X. Examination showed X. There was X. The assessment included X. X was started X. X using a X.

An appeal letter dated X was written by X for the X. X stated, this procedure was medically necessary for X: As elaborately detailed in the enclosed medical

records, X suffered from X. Their pain was X. Dr. X had attempted to X.  
An X of X demonstrated status X. There was X. There was X.  
An X of the X dated X was X. There was X.  
An X report dated X revealed X. X was mostly X. There was X.

Treatment to date included X.

Per a Peer Review report / utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: " X. Within the documentation provided for review, the claimant has X. However, the guidelines X. Based on the records reviewed, the medical necessity for this request X. Therefore, X."

Per a peer review report review / reconsideration review dated X by X, DO the request for X. Rationale: "The claimant has a history of X. Per conversation with the provider, "The claimant has history of X. The claimant X. Without this procedure the claimant will X." Given that the claimant has X. Though the claimant X. Therefore, X."

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

On review of the extensive documentation provided, including but X. The provider is considering X. While the placement of a X. Therefore 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
- 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