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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: 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: X

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. Per the notice of adverse appeal determination letter dated X, the mechanism of injury was detailed as a X. Current diagnosis was documented as X. Per a notice of adverse appeal determination letter dated X by X, DO, clinical note dated X revealed the following: "the claimant complained of X. X included X. X exam findings of the X. X of the X per clinical note dated X, revealed X. Findings also revealed a X. Treatment plan revealed that the claimant X. It was reported that the claimant had X. A X was suggested to X. "Per a notice of adverse determination letter dated X by X, DO, the request for X. These services or treatment were X. The determination was X. Rationale: "X. Current literature also states that the decision as to X. The claimant complained of X. The pain was noted X. The examination documented X. Prior treatment included X. An X of the X was noted to X. However, the X. The guidelines also state X. It is also unclear of the claimant's X. Given the above, the request for X. Regarding the request for an X. The request is recommended to be used X. However, X. As such, the request for an X. Regarding X. The request was recommended to be X. However, X. There was also X. As such, the request for a X. Regarding the request for a X. The request was recommended to be X. However, X. As such, the request for a X. Regarding the request for X. X use may be X. The request is recommended to X. However, X. Furthermore, the request X. "Per a notice of adverse appeal determination letter dated X by X, DO, the peer clinical reviewer had X. The determination was X. The rationale was as follows: "The official disability guidelines recommend X. It was reported that the claimant had X. The claimant complained of X. X exam findings of the X. X of the X. Findings also revealed a X. However, there is X.

Furthermore, X findings did X. As such, the request for X. The official disability guidelines X. Furthermore, the X. As such, the request for X. The official disability guidelines (ODG) guidelines X. However, the X. However, the X. As such, the request for X. The official disability guidelines X. However, the X. Therefore, the need for X. As such, the request for X. The official disability guidelines X. However, the X. In addition, X exam findings revealed X. As such, the request for X. The official disability guidelines X. However, the X. Furthermore, there was X. As such, the request for X. The official disability guidelines X. X use may be approved up to X. However, the X. Furthermore, guidelines X. In addition, the request X. As such, the request X. The requested X. According to the medical records, the patient has X. A X did demonstrate X. However, the actual X was X. In addition, X. The guidelines X. The guidelines have X. As the requested procedure X. The requested X.

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

The requested X. According to the medical records, the patient has X. A X did demonstrate X. However, the actual X was X. In addition, X. The guidelines X. The guidelines have X. As the requested procedure X. The requested 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