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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 or X. X was in the X. X was X. The diagnosis was X. Other pertinent diagnoses included X. On X, X was seen by X, MS, LPC-S /X, MS, LPC-A. On X, X had been seen by X, MD and had complained of X. X reported being X. Dr. X had started X. At the time of the report, Dr. X was recommending X continue X. X reported X. On the X, X rated X overall pain at X, an increase of X, indicating X. X reported X. On the X Scale, X scored an X, a significant increase of X, indicating X. X very often X. On the X, X scored a X, a significant X, indicating X. X described X. X felt the pain was X. X reported the X. On the X, X rated X. X worked a X. X made plans to X. On

the X, X scored X. These scores were X. On the X. X reported problems with X. On the X. X reported X. On the X. X "X" had X. It took X. X reported X. During X. X was prescribed X. However, X reported that X. X had referred X to Dr. X to discuss X. X reported X. X continued to X. X said X was X. X had provided X. X reported that X got very X. X reported that X. X reported X got X. X efforts had X. X for X. X reported X had X. X still X. Overall, X. X was X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "The submitted clinical records indicate X. It is reported that the patient is X. There is no documentation of X. Therefore, X." Per a reconsideration review dated X by X, X, the request for X. Rationale: "Per Official Disability Guidelines X. A peer review on X. On appeal the provider indicated the X. Medications were reviewed; X experienced X. The provider indicated X had X. However, review of the records submitted reveals X. Therefore, the request for X."

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

The request for X. The claimant is a X. The providers in this case have diagnosed the claimant X. Records in this case indicate the claimant X. Providers have opined that the claimant X. Subsequently, X requested an X. This request X. Two separate reviews X. Both reviews cited ODG guidelines, X. X guidelines indicate that X. Provision of X. Indications for X. When the provided medical documentation is X. Records indicate that X. This X supports the medical reviewers decisions. While appeal letters indicate that the requested treatment X. Records indicate that the claimant was referred to the X. Similar guidelines recommend X. Such factors are X. Therefore, the reviewer X. Given the documentation available, the requested service(s) 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)**