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***Notice of Independent Review Decision***

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**Description of the service or services in dispute: X**

**Description of the qualifications for each physician or other health care provider who reviewed the decision: X**

**Review Outcome:**

X

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

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X in a X. The diagnosis was X.

X, LPC-A completed a letter dated X and stated, "X began X. At that time X complained of X. A X evaluation performed by X, X, X, LCDC determined that X had been X. X was diagnosed as X. The results of an X. A later X. A copy of these results is included in this package. The X with the determinations of X-X. X has completed X. It is a scaled questionnaire from X. A comparison of the most recent two documents reveal that X had a X in X. Review of a recent X. We began a X. X has completed X. Session results are X. Included is a X. After X. However, it is expected that further X."

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, the request for X. Rationale: "Per ODG, "X." In this case, the patient had already attended at least X. However, X continues to X. X needs to continue with treatment to further X. However, the requested X. Therefore, the request X. Per ODG, "X." In this case, the patient had already X. However, X continues to have X. X needs to continue with treatment to further X. However, the requested X. Therefore, the request is X."

Per an appeal letter dated X by X, MS, LPC-S, it was documented, "Several items need to be clarified in this denial. First, as our office was X. To comment on medical justifications to continue with the treatment being advised, X carrier has agreed to the following diagnoses as X:X, initial X. The supporting medical/clinical information submitted for review to support our request has demonstrated measured progress over this past year. X initially started this form of treatment X. As per letter (dated X) and recent X, individualized X. Most recent documents did indicate X. It is anticipated with X. Based on X accepted medical conditions and length of time, our request for the above mentioned treatment should be deemed medically appropriate as Official Disability Guidelines (ODG) allows for treatment to address X. X has had measurable progress as documented. Guidelines referenced below does suggest X. X is beyond X. X medical diagnoses are as follows: X. References by Official Disability Guidelines-ODG managed by MCG, body system for X. With specific information provided of medical records reviewed, patient report and careful review of Official Disability Guidelines (ODG) - managed by MCG- TWC, referenced above, our request for the X."

Per a Physician Advisor Determination letter dated X by X, MD, the appeal request for X. Rationale: "The claimant has completed a sufficient number of X. There are X, Therefore, the appeal request for X. The appeal request is X. Guidelines do not support the use of X. The claimant has X. As such, this request is X. Therefore, the appeal request for X."

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

Based on the submitted records and guidelines, the treatment guidelines do not support the use of X. The claimant has X. The number of requested X. The submitted records indicated the claimant has X. X progress is X. Based on this information the 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)