



530 N. Crockett #1770 Granbury, Texas 76048  
Ph 972-825-7231 Fax 972-274-9022

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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]:

This is a X who sustained an X.

X of the X.

Patient visit dated X has X with X. The pain level is X. X is experiencing X. X has tried X. Weight is X. The exam reveals noted the X. The treatment plan included X.

X of the X.

Progress report dated X has X with X. The pain is X. Over the past few days, X. X continues to have X. X gives out at times when X. X has X. The exam reveals X. There is X. X with X. X is X. There is X. There is a noted X. The treatment plan included X. A X will be ordered X.

X Report dated X has an X.

X of the X dated X state X.

Adverse Determination dated X has a rationale that there is X. There is X. X is present at X. The patient has X. As such, the guidelines X. As such, the request is X. With regards to the X. As such, these requests are X.

Appeal Determination Denial letter dated X has a rationale that ODG/Official Disability Guidelines state that X. There should be documentation of X. There should be documentation of an X. In the clinical record submitted for review, there X. Therefore, the request for X.

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

As per ODG, "(X."

This X sustained an X and is undergoing treatment for X. X presented on X with X. The pain is now X. Over the past few days, X. X continues to have X. X gives out at times when X. X has X. The exam reveals X. There is X. X is X. There is a noted X. X has tried X.

However, detailed documentation is X. The documentation does X. **In addition, a X.** The guideline criteria X. There are X. There is 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**
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
  
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**