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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

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 X. X remembered X. The diagnoses included X. On X, X was seen in follow-up by X, MD for complaints of X. Since the earlier visit, X continued with X. X wanted to review an X. X suffered from X. X remembered X. X continued to X. The ongoing X started in X. X had seen X, MD who had ordered X. X believed X. X saw X, MD for another opinion. X complained of X. X had pain X. X also had X. X had mostly X. The type of X. X reported X. X reported X. On examination, X. X was X. Rest of the examination findings were within X. X examination revealed X. The pain was X. X were X. There was X. X was X. X was X. X test X, X, and X test were all X. Prior X tests results were reviewed. The assessment included X. The X. X were discussed. X was identified as a X. On X, X of the X demonstrated X. Some contact with the X. Treatment to date included X. Per a utilization review adverse determination letter dated X, by X, MD, the request for X. Rationale: "Your doctor wants to do a procedure for X. It involves X. We read your doctor's notes. It is

called X. We read your X. It includes X. We read the X. X shows the X. Therefore, the X. The specific device or product that X. Your plan X. Please speak with X.” Per a utilization review dated X, X, MD reviewed the X: “You have X. There are X. X are X. You have had X. Your doctor wants to X. These X are called the "X"X. We looked at X. We looked at X. We looked at X. This treatment X. The X studies are X. The studies are in X. Your X have X. Your plan requires that X. This is X. This treatment has X. Services that X.” Per a utilization review adverse determination letter dated X, by X, MD, the request to X. Rationale: “You have a X. There are X. These are called X. X are X. You have had X. Your doctor X. These X are called the X. We looked at X. We looked at X. We looked at X. This treatment has X. The X studies are X. The studies are in X. Your plan X. Your plan requires that X. This is ideally done X. This treatment X. Services that are X.”

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

Based on review of the provided documentation, along with the documentation from prior reviewers, the X. At this point, the treating physician X. While this is X. However, X. Based on the X. Based on the provided documents, the claimant has X. There are X. Thus 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
- 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)**