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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 on X. X was injured when X. The diagnosis was a X. On X, X was evaluated by X, DO for X. The onset was X. X stated X went down to X. X had pain with X. X had X. X presented to X. On examination, X. The X. The X. The X demonstrated X. The assessment included X. The plan was X. X was ordered prior to need for X. X was X for X. X would not be X. Per an undated note by Dr. X, X needed X. X clearly demonstrated X. X had X. X examination also indicated X. X was scheduled for X. An X dated X revealed X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "The Official Disability Guidelines conditionally recommend X. Individuals should have X. Subjective findings X. Objective findings should include at X. There should be X. The request for X. The claimant had X. However, the documentation available for review X. The ODG recommends X. Therefore, the prospective request for X." Per a reconsideration review dated X by X, MD, the

request for X. Rationale: “Official Disability Guidelines recommends X. In this circumstance, the X reports X. On X exam, there is X. X documented a X. The provider has recommended X. When noting there are X. As such ,X.”

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

The claimant reported X. On X examination, X. The X revealed X. The X active X was X degrees and X were X degrees. The X demonstrated X. The submitted medical records demonstrates that the claimant has X. According to review of the X, the patient was making progress with X. Given the X, the claimant has not X. Based on the records and findings 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)