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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. The X of the injury was X. The diagnosis was X. X was evaluated by X, DO on X for further care X. Prior month, X exacerbated X pain while X. Since that time, X had X. X felt like it was a X. Dr. X was going to continue X. X was to be increased for X. Dr. X was using a X. At the time, X had marked X. X was X. Due to the X, Dr. X was going to recommend X. Continued X was encouraged. X Center for X, X generalized X. X. X was taking medicines compliantly and Dr. X would arrange for X. X had received X by X. Continued X in this regard was advised. On X, X was seen by Dr. X for X ongoing complaints. X

continued with marked X. Dr. X had recommended X. It had worked X. X was just citing a single paper that was citing in the ODG guidelines. Dr. X could show papers and clinical treatments which supported the use of X. As a result of the denial, Dr. X was X. X was getting more X. The Texas Medical Board supported X. Dr. X did not want to put X. In the meantime, X pain was X. Dr. X reanalyzed and reprogrammed X. However, it was not helping as much with the X. As a result, Dr, X was going to resubmit for X. Due to X. Dr. X recommended X. In the meantime, X was X. X showed X. X was consistent with these agents. Treatment to date included X. Rationale: "The ODG generally does X. X regarding the response to X. There is also X that the injured worker is X. Therefore, the request for X." Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale: "Evidence-based guidelines X. There were X were noted. Hence, the request for appeal X." Based on the clinical information provided, the request for X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "The ODG generally does X. X information regarding the response to X. There is also no clear evidence that the injured worker is X. Therefore, the request for X." Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale: "Evidence-based guidelines X. There were X were noted. Hence, the request for X." There is X. The Official Disability Guidelines note that the requested procedure is X. Since X has been widely performed, despite lack of evidence X. The submitted clinical records X. Therefore, X. X."

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

The claimant has X. X exacerbated X. Since that time, X. X felt like it was a X. Due to the X, Dr. X was going to recommend X. The Official Disability Guidelines note that the requested procedure X. Since X. The submitted clinical records X. Therefore, the request is X. Based on review of the records available, 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)