



Specialty Independent Review Organization

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

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an industrial injury on X and is seeking authorization for X. A review of the medical records indicates that the X is undergoing treatment for X.

Past medical history was X. Past X history was X for X.

Previous treatment has included X.

Progress report dated X has X with mechanism of injury of X was X. Since that time, X has had X in the X. X does have X with X. X is noted to show X. Exam reveals X. There are X and X. X did reveal X. X revealed X. Treatment plan included X.

X of the X dated X has impressions of X.

Progress report dated X has the X having been doing X with continued X. X has noted in fact, X since X last visit. X is now noting X. X is having X, especially at X. The X is now X. Exam reveals X was noted. There is a X and X. X was noted X and the X. X and X at the X revealed X. There were X noted in X. X was noted with X. This also caused the majority of the patient's X. This was consistent with X. Treatment plan included X.

Utilization Review report dated X non-certified the requested X. Rationale states the claimant has X. The X showed X. X with X. X with X at the X. X at the X. X. X has been treated with X. However, there is no evidence of X or X. Therefore, the request for the X is not medically necessary. The X is not indicated; therefore, the request for X is not medically necessary.

Progress report dated X has the X having been doing X with X. X has noted in fact, X since X last visit. X is now noting X.

X is having X, especially at X. The X is now X. Exam of the X revealed X. With X was X, but X was noted. A X was noted with X. X was noted X. X and X revealed X. X in both X and X showed X. X was noted with X. This also caused the majority of the X. This was consistent with X involving the X as noted on X. Assessment notes X greater than X associated with X from X. The X has been shown to lead to X. It will cause X over time. Recent studies have no shown that an individual who does require X. In regards to X, while this possibly would lead to X, studies now have shown definitively that in X individuals and especially in the case of the patient who X the results are not X and actually X. Treatment plan included X.

Utilization Review report dated X non-certified the requested X. Rationale states there is no evidence that the claimant has X. X and X. Although, there are X findings in examination, guideline criteria have not been met. This was previously denied on X for the same reasons. Therefore, the medical necessity has not been established. As the requested X is not supported, the request for X is not medically necessary.

Progress report dated X has the injured worker with X. X has continued to have X. X has noted in fact, X since X last visit. X is now noting X. X is having X, especially X. The X is now X. Exam of the X revealed X. With X was X was noted. A X was noted with X. X was noted over the X and the X. X with the X revealed X. X in both X and X showed X. X was noted with X. This also caused the majority of the X. This was consistent with X as noted on X. Treatment plan included X.

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

This X sustained an X on X, is seeking authorization for X. There is X with X. Exam of the X revealed X. With X was X was noted. A X was noted with X. X was noted X. X with the X revealed X. X in both X and X showed X. X was noted with X. This also caused the majority of the X. This was consistent with X as noted on X. The X corroborated X. However, detailed documentation is not evident regarding trial and X, X, and X. Despite the X exam findings and X on the X; X is not demonstrated. The ODG guideline criteria have not been met, as for X, X are needed to have been tried and X prior to X. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X is not medically necessary.

**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**

- 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 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)**