

True Decisions Inc.
An Independent Review Organization
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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]:

X is a X who sustained an injury to X. The diagnosis was X. On X, X saw X for complaints of X. X noted X. X had not been able to go to X. On examination, there was X. There was X. X was present at the X. The X was X. There was X at the X and X at X. There were X. X and X was X. X. X, X, X and X all were X. X of the X were X. The assessment was X. X noted X had made X in X and X but X still had X with X. X had already had X with X. X had continued with X and noted X. X had X all X. X discussed with X extensively the risks and benefits of X with a X and X. X elected to proceed with the procedure. X presented to X on X for continued X. X presented for X follow up of X. On examination, there was X at the X. There was X at X and X. X was present at the X. X was X, X at X and X at X. There were X. X and X was X. X. X was X. X was X. X and X were X. X of the X were X. X of the X revealed X and X of the X. There was X, X

and X of the X. The assessment was X. X of the X was reviewed and discussed with X. X noted X in X condition since the last office visit. X discussed with X the risks and benefits of all X. X had completed X for X from X. X reported X had continued with X since the completed X. X had X, which provided X. X stated they reviewed X, X, and discussed X versus X treatment options for X. They discussed X. They discussed with X that X would entail at least X in a X, after which X would need to perform X to regain X and X. X elected to proceed with X. X stated that X will be scheduled in the near future. An X of the X dated X revealed X along the X of the X. There was X of the X. There was X and X at the X of the X without X, and X and X along the X. The appearance suggested X of the X, given the presence of the X. There was X and X versus X. Treatment to date included X. Per utilization review adverse determination letter dated X by X, the request for X was denied. Rationale: "The request is for X. Guidelines indicate that X conditions not definitively diagnosed by exam or imaging can be an appropriate indication for the proposed treatment. Documentation of X with X and/or X is a requirement. Guidelines generally do not recommend X intervention for X, In general, guidelines do not recommend X intervention for X or X. The most recent treatment note states that the individual has not been able to attend X yet, but then also states that X has participated in continued X and X. It is stated that X has exhausted all X. The individual should have documented X, to include X and X, X, X, and X, It is stated that X has exhausted X, but there are no trial dates of X documented in addition to conflicting statements about attending X. As such, the medical necessity of the requested treatment is not established. The request for X is therefore non-certified. The request is for X. Guidelines generally do not support X, instead recommending X. As the requested X intervention has been recommended as not medically necessary, X requests are also considered not medically necessary." Per a reconsideration review adverse determination letter dated X by X, the request for X was denied. Rationale: "The request is for X. Guidelines indicate that X conditions not definitively diagnosed by exam or imaging can be an appropriate indication for the proposed treatment. Documentation of failure of conservative X with X and/or X is a requirement. Guidelines generally do not recommend X for X, in select patients, X and subjective and objective findings X may warrant X, In general, guidelines do not recommend X intervention for X or X. The most recent treatment note states that the individual has not been able to attend X yet, but then also states that X has participated in continued X and X. It is stated that X has exhausted X. The individual should have

documented X, to include X and X, X, X, and X. It is stated that X has exhausted X, but there are no trial dates of X documented in addition to conflicting statements about attending X. As such, the medical necessity of the requested treatment is not established. The request for X is therefore non-certified. The request is for X. Guidelines generally do not support X, instead recommending X. As the requested X intervention has been recommended as not medically necessary, X requests are also considered not medically necessary.”

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

The ODG recommends X following a failure of X of conservative treatment with X. The ODG recommends X when there has been a X, unless earlier criteria for other associated diagnoses are met, with X, X with X, X, X, X, X, and X. The ODG does not recommend the use of X as they have not been shown to be more effective than X following X. The ODG does not recommend X following X, nor does it recommend X. The documentation provided indicates the worker has X and X from injury despite treatment with X. There was some X with X. On physical examination, there is X. There are imaging findings of X and X. Given the X and X despite X of X with X is supported. While not all ODG criteria are met for X, given the X, objective X on X, and imaging findings consistent with X, X is to be performed at the time of the supported X to address the X. There is no extenuating circumstance to support the requested X. There are no X that would place the worker at X of X following X, nor was there any documented contraindication to X if X is needed.

As such, partial certification was advised with certification of X of the X as medical necessity is established and noncertification of X as medical necessity is not established.

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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL