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***Notice of Independent Review Decision***

***Review Outcome***

***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

***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 was injured on X. X was X. As X continued to X. The assessment was X.

On X, X presented to X for evaluation of X. X was X. X had X since X and was X at the time of the visit. X was X and X. X felt X, but was having X. X was X. X made the X and X. Treatment had been X. X had undergone X. X also had received X. Examination findings were noted to be X from prior visit. The assessment was X.

On X, X presented to X for evaluation of X. X had reportedly X. X had been X. X reported X. X reported X. X was X. X made the X and X. X complained of X. X was following X treatment plan, which was helping. X was taking X for X and had undergone X. X had also received X, and had helped with X. On examination, X was X. Examination findings were noted to be unchanged at the time.

Per a Designated Doctor Examination dated X by X, X was at X on X doctor's visit after the completion of X on X. The examination findings at the X included X due to X and X, X. X in X was X on the X and X. X was X. There was X. At the X. X was noted to have X.

On X, X was evaluated by X for X. X was X and X. X reported having X. X also reported some X. X and X were rated X. X and X made the X. X made the X. X was taking X and had undergone X, which did not help X. X had also received X in the X, which helped a lot. On examination, there was some X. The assessment was X.

An X of the X dated X was noted to be X. There were X. X were noted. There was no substantial X of either X or X at these X. There was X and X. At X, there were similar findings to the X. There was X. At X, there was X and X.

Treatment to date included X.

Per a Peer Review signed on X by X, the requests for X were deemed not medically necessary. Regarding the request for X the rationale was as follows: "Within the documentation provided for review, the claimant has X. Based on the records reviewed, the medical necessity for this treatment has been established. However, other parts of the request were not medically necessary, and X was unable to reach the provider to agree to modification. Therefore, the request is not medically necessary." Regarding the request for X, the rationale was as follows: "Within the documentation provided for review, the claimant has X and

is X. There is no documentation of the X from the X to meet criteria for this X. In addition, there is no documentation that the X has returned to support this procedure at this time. Based on the records reviewed, the medical necessity for this treatment has not been established.

Therefore, the request is not medically necessary.” Regarding the request for X, the rationale was as follows: “Within the documentation provided for review, the claimant has X despite X and X. However, other parts of the request were not medically necessary and X was unable to reach the provider to agree to modification. Based on the records reviewed, the medical necessity for this service has not been established, and therefore, the request is not medically necessary.”

Per a Peer Review signed on X by X, the requests for X were deemed not medically necessary. Regarding the request for X the rationale was as follows: “In this case, though the claimant has a history of X secondary to X, there is no indication as to the X the claimant previously had completed, Furthermore, there is no documentation of any objective X. Therefore, appeal for the X is not medically necessary.” Regarding the request for X, the rationale was as follows: “In this case, though the claimant has a history or X and it was noted that the claimant previously had X: however, there were no documentation provided of reproducible symptoms notable on examination, Additionally, it was noted that the claimant has X to the claimant's symptoms with X, As such, the request is not considered medically necessary at this time, Therefore, appeal for the X is not medically necessary.”

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The review for X was reviewed. Per the X evaluation, X reported X and was X and X. X rated X. A Designated Doctor Examination X opined X. X would agree with the previous denials. The treating provider has noted X. Given the documentation available, the requested service(s) for X is considered not medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)