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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 on X. X was involved in X. Since that time, X had X. The diagnoses included X. X was seen by X on X for a follow-up. X was eagerly waiting to go ahead with X in X. X was X. They did recently send X for X. While X had X and X, X was minimal. X had X in X. On examination, X were noted. X also had X. X affect continued to be X, and X was on X. On X, X presented for X. The X was associated with X. Physical examination was X. A designated doctor examination (DDE) was completed on X by X. X noted that there was X. X then stated that there had been X. X was diagnosed with X. X had reached X as of X. The X was X. An X of the X on X showed X. Treatment to date included X. Per utilization review by X on X, the request for X was non-certified. Rationale: "According to the ODG, X are not recommended for use in X. In this case, the

provider is requesting X to include X, which is not supported by the guidelines. The recent report does not provide a rationale or medical justification that would supersede the guideline recommendations. Therefore, X recommendation is to NON-CERTIFY the request for X.” Per utilization review by X on X, the request for X to include X and X was non-certified. Rationale: “In response, the provider submitted a request form for review by an independent review organization dated X. No new information is contained on this request form. It remains relevant that the medical records do not establish documentation of X. This is required by evidence-based guidelines. X were noted at the time of the X evaluation. However, there is no evidence of X and X. Furthermore, the current request is for X. Per the ODG, X are not recommended. Therefore, X recommendation is to NONCERTIFY the appeal for X.”

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

The request for X was considered and the medical records reviewed. The claimant is reporting X. X has noted X, but was otherwise X. X would agree with the previous denials as the medical records do not establish documentation of X. In addition, the treating provider is requesting X, which is not supported by current guidelines and no reason is documented to supersede the guideline recommendations.

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- 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