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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 when X. The diagnosis was X.

On X, X was evaluated by X. X presented for follow up of X. X stated that X was X and there had been no change in X. The assessment was X. It was noted that X had not improved X, so X did X at the time. X stated it was clear that X had X injuries somewhere prior to X on X. X stated that it may have been even in X to cause the X. The X was pre-existing, but X was X and was having no symptoms in X until X on X, which caused the X, might have even X, and X had been X ever since. X stated that if X did

not improve with the X, X was going to need X. X was administered X to the X on X by X. X underwent X by X on X. The X and X diagnosis was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, the request for X was denied. Rationale: "The claimant presented to X for complaints of X. X of the X on X revealed X. However, there is no recent physical examination documented for review. Due to lack of objective findings, medical necessity has not been established. As such, the proposed treatment consisting of X is not appropriate and not medically necessary for this diagnosis and clinical findings."

Per a reconsideration review adverse determination letter dated X by X, the reconsideration request for X was denied. Rationale: "No, the proposed treatment consisting of X is not appropriate or medically necessary for this diagnosis and clinical findings. According to the Official Disability Guidelines, X is not recommended as an isolated procedure. There should be evidence of X. X for X is recommended for X symptoms following X of conservative treatment for X. In this case, the claimant reported X and X with no change in X. An X was administered. The claimant underwent a X procedure for X and X on X. A request was received for X. However, the submitted documentation did not include a recent, comprehensive examination with findings to support the need for X. Additionally, there was no documentation of an imaging report with findings to support the requested procedures. Therefore, the request for X is not medically necessary."

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

The ODG recommends X when a history, physical examination and imaging are indicative of X and there has been a X. The ODG supports X for documented X after a X of X unless earlier X criteria are met. The ODG supports X for documented X when there is X. The documentation provided indicates that the worker reported X not X with X and X. The provider stated there was a pre-existing X which was X and recommended X. The worker underwent X on X. There is a request for X. Given a lack of clinical examination findings indicating X consistent with X, no documentation of X on imaging, no documentation of X, and

no documented X, X would not be supported. As such, based on clinical evidence and according to the guidelines, X is noncertified.

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
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- 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)