

## **Notice of Workers' Compensation Independent Review Decision**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a X with a history of an X. The mechanism of injury was X. The current diagnosis was documented as X. X included a history of X.

The questionnaire dated X indicated the patient had X.

The visit note dated X stated the patient was seen X. X was approximately X. X pain radiated to the X. A reference was made to an X. Compared to X. A X examination was X. X continued to have X.

X noted X.

The visit note dated X was conducted X. The patient rated X. X was using X. On questioning regarding activities of daily living, the patient claimed X was able to care for X. X was described as a X. The patient claimed to have X. X was recorded. The physician reviewed the patient's X. The physician reviewed the patient's X. The physician X. The physician X.

The patient received a notice of adverse determination on X and again on X. The rationale stated that although there is evidence of d X. There was X. This review pertains to X.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:** According to the Official Disability Guidelines (ODG), the request for X. The information provided for the review X. While there are subjective X. Additionally, the physician was requesting X. While it was noted that the X. Furthermore, records noted that the patient was a X. The guidelines indicate that for any X. There was X. Lastly, the guidelines require X. The provided records noted that the patient had a history of X.

After a review of the provided information, and based upon the current evidence-based guidelines, the patient is X. As such, in accordance with the previous denials, the request for X.

**SOURCE OF REVIEW CRITERIA:**

- 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
- X

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

**X**

**ATTESTATIONS:**

- **X**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

**X.**