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**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 who was injured on X. X was injured when X. The diagnosis was X. X was able to remain X. X previous X, by X. X current X. X complained of X. X limited X correlated with X. X did exhibit X. X completed X. X completed X. X completed X. X experienced X, X was able to X. A X based on X, X completed the X. Goals of the X. Should X desire to return to the X, the additional goals would include X. The testing performed by X, determined X did X. X job requirement was X. It was recommended X continued with the X to better X. Prior testing was performed by X, determined that X did X.) requirement of X as X performed in the X. It was recommended X transition into a X. During the X had been provided with X. X did want to X. However, X was also concerned if X. X was X. X had felt the program allowed for a X. Vocationally, X. X felt X would not be able to return to work in X. X would like to continue X on X. This treatment team would additionally encourage

X. X was motivated to begin X. The next treatment phase would allow for X to determine a realistic goals occupationally that fit within X. X had discussed possibly X. With the above provided, X had verbalized and by professional opinions the program had allowed X. It was evident that X continued to X. Continued X while in the program as well. X had been found in numerous research studies to be X. X had also been subject to many research studies on its effectiveness for X. X was encouraged X. At this time, X would like to continue with the program. X believed this would help X. It was expected that X would continue to X. X completed the program X. The X believed X would work well with an X. Components X. A X was completed by X and documented that based on the results of this X. Specifically, X limited X. X had been out of work since X. X from X. X referring physician had recommended X. Goals of the X would be to X. Should X desire to return to the X. X would also be X. Per a Functional restoration program treatment progress report dated X it was stated that X maintained respectable attendance in the X. X was able to remain compliant X. Another X dated X by X. Specifically, X. X had been out X. X suffered from X. X referring physician had recommended a X. Goals of the X would be to X. Should X desire to X. X would also be instructed in X. Per a X dated X by X, DC it was stated that based upon the X. In general, X work physical demand level X. X presented X. In general, X work X. X present X. X was X. Functionally, X was X. X had X. X complaints were consistent with X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X the request for X. Rationale: "Per ODG, X. Longer durations require X The injured worker X. The progress report dated X indicates that the injured worker's current medications are X. The injured worker's current X. The pain is rated at X. The injured workers X. The injured worker's X. Based on the clinical information provided the request for X. The submitted clinical records indicate that the injured worker has X. The current evidence-based guidelines support up to X. When treatment X. There are X. Therefore, the request for X. "Per a utilization management physician reconsideration review dated X the request for X. Rationale: "ODG stated that X. Total treatment X. If treatment X. Longer durations require X. In this case the injured worker X. The provider requests X. However, guidelines notes that total treatment X. This plan of treatment X. The provider X. Therefore, considering the above, X. Non certification is recommended."

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

The request for an X. The initial injury was a X. Per recent evaluations, the claimant has had X. The claimant is reporting X. The claimant does not have X. Also, the patient has X. Evaluation does X. The X is more affected with X. The X was to X. X, specifically X. Given these details, concern arises for X. Thus, the records X. The injured worker has X. The current X. When treatment X. There are X. Therefore, the request for X.

**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

