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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

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, while X as a X. X reported that upon arriving to X. X reported that the next thing X knew, X. X reported that X. X stated that it X. X reported that the X." X reported a X. The diagnosis was X.

X was evaluated by X, MD on X for chief complaint of X. X wanted another X. X was X. Pain level at the X. Pain level at the X. Pain level at X. Pain was X. X the pain X. On examination, X. There was some X. There was no X noted. The assessment was X. They would X.

On X, X was evaluated by X, X evaluation. X reported seeing Dr. X, Dr. X, and Dr. X for X related injury. X reported that X had received X. X reported that the X. X reported also that the X. X reported that X. X reported that X. X reported that X. X reported it X. X score was X. The assessment was X. X felt that there was a X that X was experiencing pain that was X. It appeared as though X was having X. X reported that things had come up in X. X recommended that X be seen for X. X could also X. X had X.

Per a X performed by X, X demonstrated the ability to perform within the X. X might be able to X. X stated it should be noted that X as a X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, MD, the request for X. Rationale: "In this case, the claimant was X. There was X. Also, there was X. Therefore, request for X."

Per an appeal letter dated X by X, MD, the request for X. Rationale "ODG by X states "ODG X."

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

Based on the submitted records, the claimant had completed X. A X evaluation on X indicated the claimant X. The claimant X. There were X. The claimant had completed X. An X referenced X met criteria for X. There is X. The claimant previously completed a X. Further X. While the provider it appeared as though X. Based on the medical records submitted, X. Further 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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**