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 at X on the X. The diagnosis was X. X underwent X. The X and X included X. X was seen by Dr. X on X. X reported X continued to have X. X was recommended X. X pain was X. X did well at X. An X dated X showed X. X were maintained. X. Other X was noted. X changes with X. X was otherwise X. X at X. Treatment to date included X: "Per ODG, "X. A diagnostic X is the performed procedure to determine X. No more than X. Diagnostic X are not recommended. X may be grounds to X." The X is a X who sustained injury on X. The X was diagnosed with a X. Although there are signs and symptoms of X. X is very seldom required for X. The request is not shown to be medically necessary. Therefore, the request for X." Per a peer review report dated X and a utilization review dated X by X, MD the request for X. Rationale: "The request for X. According to an office note by Dr. X on X, there was documentation of the X having X. There was also

documentation the pain was once again X. There was also documentation to recommend X. There was documentation the plan was to continue X which were reportedly effective, continue X. No other details were listed in this office note. With documentation indicating this request is for X. Therefore, this request is not in accordance with the guideline criteria and is non-authorized." Per a peer review report dated X and a utilization review dated X by X, MD the request for reconsideration for X. Rationale: "The request for Reconsideration for X. Within the medical information available for review, there is documentation of a request for Reconsideration for X. Additionally, there is documentation of a X in which a request for a X. Per a Request for Review by an Independent Review Organization dated X, Dr. X identifies that X is being requested due to X. Furthermore, there is documentation of subjective findings (X), objective findings (Per the X progress note, there is X. Moreover, the X progress note identifies a consideration for X. However, there is no documentation of at least X. Therefore, Reconsideration for X."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The request for X was reviewed. The provider is requesting the procedure be performed X. There is documentation of X. Per the medical records, there is no documentation of at X. Given the documentation available, the requested 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