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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 injured X. X stated that on X, X was X. When X. The diagnosis was X.

X was seen by X, MD on X for X. X complained of X. This had been going on since X when X was X. X rated X. X had just X. X had X. Examination showed X. X had significant X. X had X. The assessment was X. X was recommended. Per a Physician Progress Report dated X by Dr. X, it was documented that X. Pain was rated X. X was X. X made the X. The pain was X. X had been following the X. X had received X. X had some kind of X. The assessment was X. X was recommended.

An X revealed X. There was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "The injured worker presented with complaints of X. The injured worker just had X. The injured worker previously had X. Objective Exam: The injured worker has X. The injured worker also has significant X. The injured worker has X. The injured worker just recently X. In addition, the use of X. Overall, this request is X. Therefore, the requested X."

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale: "The records provided include a clinical encounter note from X which stated that the injured worker had "just started" X. The X follow up note X. There is X. There are X. Based on the information provided, the request for X."

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

The requested X. Based on the submitted medical records, there is X. The most recent submitted medical record dated X indicates that the X. Prior medical records indicated that these X. Furthermore, an examination was not provided which would indicate the presence of a X. In addition, there is X. Based on the information provided, 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)**