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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. The mechanism of injury was detailed as X. The diagnosis was pain X.

Per an undated note, X was evaluated by X, DPM. X was referred by X, DPM for a X. X had X. X hurt it as X. X was X. X stated that X did X. X had X, which X. X had X. X also had some X. X reported it X. At the point, X stated it X. X could X. X was a X. X continued to X. X had X. X had X. X did report X had some X. X was on X. Otherwise, X was relatively X. X had X. X in X. X did not do X. X presented to the clinic to see if there were any options with regard to X. X stated that X. X developed some X. A X was performed. X had a X. X was wondering if there was any possibility or something could be done to X. X reported to having some X. When it caught, it really pulled X. X reported it X. X through X appropriately when X went to X. The quality of pain was X. It was relieved by X. It was associated with

X. X was trying to X. On examination, X was X. X had non-X. X previous X. X did demonstrate X. X had X. X had pain noted throughout X. X had persistent X. X had some X. X had X. X had X noted with the X. X was noted clinically. X-rays revealed X. It appeared to be X. Previous X. X had a previous X. There was still X. X had relatively X. No X was seen. X appeared to be in X. Of note, X had X noted to the X. There did not appear to be much X. X had a X. There was X. It did appear to be X. X appeared to be in X. X had some X. There did not appear to be any X. It appeared to be related to X. X had X. The assessment included pain due to X. The X recommended included X. It was opined that the mechanism of injury was more likely than X. The injury was consistent with the results in injuries they were diagnosed with. X was advised to begin X. If the symptoms X. X was advised to return to the clinic after X.

A X dated X revealed X. A X had been performed. There was X. X had been performed with X. X were present and in the X. The X. X had been performed with X. X were present without evidence of complication. There was X. X revealed X. There was X. Similar findings were present at the X. Surrounding the X. There were moderate X. There was X. There was X. At the X, there was a X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X. Rationale: "Regarding the requested X, The Official Disability Guidelines indicate the X is recommended when the claimant is X. There must be a documentation that there is completion of X. There must be X. There must be evidence that there is an X. Must have X. The submitted documentation does not indicate the above. X spoke with the treating doctor in detail regarding this case. X stated that this claimant has X. X states that X has undergone X. X stated this claimant has appropriate X. However, there X. Therefore, the X." "Regarding the request for X: Clarification is needed as to what X. Additionally, clarification is needed as to what X. It is also unclear why the claimant would need X. Therefore, given all of the above the requested X." "Regarding the requested X: The Official Disability Guidelines do recommend X. While X may be appropriate, the X that this is X. Additionally, it is unclear what X are being requested. Therefore X." "Regarding the requested X: The Official Disability Guidelines recommend the utilization of X.

The documentation indicated the claimant was recommended to X.” This utilization review appears X.

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X: “Regarding the request for X. Based upon the medical documentation presently available for review, the above noted reference X. X is supported in well selected claimants; however, because of the X. X is indicated X. The provider has X. There is X. While it was noted that the claimant presents a unique case and that X. Should the requesting physician provide X. As such, the request for X.” “Regarding the request for X. ODG indicated X is recommended as an option for X. Strong evidence supports X. ODG indicated X is recommended as an option to X. Based upon the medical documentation presently available for review, the above noted reference X. X request X, therefore, an associated request for X. Furthermore, the physician X. As such, the request for X.” “Regarding the request for X. Obtaining routine X. Based upon the medical documentation presently available for review, the above noted X. X request for X. The physician X. Additionally, there was X. As such, the request for X.” Regarding the request X. Based upon the medical documentation presently available for review, the above-noted X. X request for X is not medically supported, therefore, an associated request for X. As such, the request for X.”

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

The requested X. The treating provider has X. The treating provider saw the patient on X. At that time, a X. In addition, a X. The X was obtained on X which demonstrated X. A follow-up evaluation from the treating provider has not been submitted to document that the patient has X. Therefore, 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