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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. X stated while X for X. X reported as X. X then went X. As a result of the X.
The diagnosis was X.

X was evaluated by X, PA-C /X, MD on X. The quality of the pain was described as X. X presented for reassessment of X. X reported X. On examination, the X was X. X examination revealed there was X. The X test was X. There was X. The assessment was X. Dr. X recommended a X. Dr. X stated X presented at the time X. X reported X. X reported X. X had an increase in X.

X was evaluated by X, DC on X. X continued to report X. X reported the

X. Dr. X note from X. X continued to report X. Dr. X had requested an X. Dr. X stated that as X continued to X. X still reported X. X displayed X. X had performed an updated X. Dr. X stated they X. X was currently able to X at X. As a result of the X sustained injuries to the X. X stated X then presented to the X. As this provided X. X noted completing approximately X. On examination, the X was X. The pain level was X. The X. X was X. X examination revealed X had X. The movement appeared to be X. There was X. X was X in the X. X test was X. X test was X. X was examined at X. X was restricted in some X. X was X. The assessment was X. Dr. X stated X had discussed the findings of this examination with X. X requested X. X further requested that X. X won compensability for X. Based on the injuries sustained X, would work X.

A X performed on X revealed X. There was X. However, there was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, DC, the request for X. Rationale: “According to the ODG, X. The guidelines also state that X. In this case, the patient underwent a X. As of X when the patient reported X. Further, there is X. A series of X is not supported. Based on this information, the X. Therefore, my recommendation is to X.”

Per a reconsideration review adverse determination letter dated X by X, DC, the request for X. Rationale: “As noted above, on X, noncertification was X. It was pointed out that ODG states that X. In addition, guidelines stated that X. As of X, X. There was X. Updated documentation has now been submitted which suggests that the patient had X. However, the provider has continued to recommend a X. This was clarified in the peer discussion as it was noted that there was X. The X later became approved, at which time X. In addition, it remains relevant that the records X. The ODG states that X. This is based on X. Given the X. Therefore, my recommendation is to X”

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

SUPPORT THE DECISION:

The request for X. The Official Disability Guidelines supports X. The provider recommended a X. While the previous X. As such, 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)