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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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained X. The X of the X.

The X office visit has injured worker with X. X reports X. X still has X. X has been using a X. X has X. X has limited X. X is worse at X. The exam revealed a X. There is a X. There is X noted over the X. There is X. The treatment plan included X.

The X office visit has injured worker with X. The pain is described as X. X has tried some X. The pain occurs X. The pain is at X basis, but worse at X if X does not take X medication. X notes X. X does not have the X. X has not X.

X may X. The exam reveals a X. The strength is X. The X. The reflexes are X. X sign is X. The X is noted to show X.

The X Utilization Review non-certified the requested X. The denial rationale stated there was X. As such, the request for X.

The X Utilization Review non-certified the requested reconsideration for X. The denial rationale stated the records X. Given these issues which do not meet guideline recommendations, this X. The reconsideration X.

ANALYSIS AND EXPLANATION OF THE DECISION

INCLUDE CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION.

The Official Disability Guidelines state that X is indicated X. Also notes, recommend X.

This X sustained an X injury on X, is seeking authorization for a X. X presented with X. The pain is described as X. X has tried some X. The pain occurs with X. The pain is at X. X notes X. X does not have the X. X has X. X may X. The exam reveals a X. The strength is X. The X. The reflexes are X.

However, detailed documentation is X. The documentation does not indicate that the injured worker has X. The ODG Guidelines do not support this requested procedure X. The guideline criteria X. There is X. Therefore, the request for the 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 JUDGEMENT, CLINICAL EXPERIENCE
AND EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE
GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY
ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY
ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY ACCEPTED
MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY
VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A
DESCRIPTION)**