Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
This case involves a X with an X claim from X. The mechanism of injury was detailed as X. The patient was diagnosed with X. The X was documented as X. The previous treatments of the patient included X.

On X, a request for a X. The request was X. The evidence was X.

On X, a request for an X. The patient reported X. The patient stated that their symptoms began after X. The request for X. A request is noted for X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The Official Disability Guidelines states that specific treatment for X. Treatment options have consisted X. X are X. X may only be considered as a X. The prior request for a X. The evidence was X.

In this case, the patient complained of X. The patient stated that their symptoms began X. The provider recommended X. Therefore, the X.

SOURCE OF REVIEW CRITERIA:

☐ 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 X

☐ 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

☐ Presley Reed, the Medical Disability Advisor

☐ Texas Guidelines for X

☐ TMF Screening Criteria Manual

☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)

☐ Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
X.