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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

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. X was in X. The diagnosis was X. The X were noted as X. On X, X was seen by X, MD for a follow-up visit. X presented with X. X was followed for X. X while at X. X reported X. X continued to complain of X. X was interested in X. X was X. X continued to X. X remained with X. X continued to X. On examination, X was on X. The X examination showed the X. There was X. The memory X. The X evaluation X. Treatment plan included recommendation for X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Regarding the request X. Findings from X. A X review and X. Based upon the medical documentation presently available for review, the above-noted reference X. The medical reports submitted X. There is X. There was X. As such, the request X. Regarding the request for X. ODG criteria includes X. Allow for X. Based upon the X. The medical reports submitted X. There is X. As such, the request for X." Regarding the request X. There is some evidence X. Based upon the medical

documentation presently available for review, the X. X is considered an X. As such, the request for X. An X may be required to X. Based upon the medical documentation presently available for review, the above- X. Beyond the X. There is X. Unable to X. As such, the request for X". Per a reconsideration review dated X by X, DO, the request for X. The rationale for X. There should be X. The claimant had X. However, it appears that the claimant has X. Therefore, the request for X. "Regarding X, "The Official Disability Guidelines state that X. X visits X. Treatment frequency should X. There was documentation that X was X. Therefore, the request for X. ".Regarding the request for X. In the clinical record submitted for review, there was documentation that the claimant X. The request was X. In addition, the request for X. Therefore, the request for X. ".Regarding the X, "The Official Disability Guidelines state that X. The level of X. The exception would be X. For continued X. X can include X. However, there was a X. The injury was X. There was a X. In addition, there was a X. X was X. Therefore, the request for a X. "The request for X. The provided records X. Provider did document X. Given documented X. Given the documentation available, this portion of the service is X. Given patient is X. There is X. However, the requested X. X for X. Given the documentation available, X. As the previous peer reviewers have stated, there is X. Patient would need to be in X. X provided by X. Given the documentation available, this portion of the requested service is X.

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

1. X. The provided records X. Provider did document X. Given documented X. Given the documentation available, the request for X.
2. Official Disability Guidelines recommends X. There is X. The claimant has attended X. However, X. As such, the request for X.
3. Given patient is X. There is X. However, the requested X. X for X. Given the documentation available, X.
4. As the previous peer reviewers have stated, there is X. Patient would X. X provided by X. Given the documentation available the requested 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
- 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

