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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 diagnosis was X. X returned for X. The X report from X was X. This was the X, which was called for X. That necessitated a X. X had X. Examination noted X. Evaluation of the X. There was X. There was X. X of this area did X. The assessment was X. Dr. X assessed that X had X. This could be X. X believed that X best option would be a X. If somehow the X. X had X. The X. X required X. During the X: X with the X. After X, X would be advanced to a X. At X, X would be X. An X dated X identified X. The X was X. X of the X. X were X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X. Rationale: "The Official Disability Guidelines X.X.X." X treatment by X: (1)X; (2)X; (3)X; (4) X. (1) (2) (EG 2) X. The literature search revealed "X. Careful X. Multiple options of X. Future directions for

innovation include developments of both X. X was added to X transfer to improve support to the X. X the procedure and reported a study of X." The Official Disability Guidelines X recommends " X. X for X include X:X) AND X:X. OR X". As per the office visit note, the claimant has X. The X. It is X. There is a X. This can be revised with X. X believe the best option is X. The best option is a X. It is unclear if this claimant has a X. This will need to be clarified with the provider. Pending the prior, the request for X; X. Because an adverse determination for X. "Per a reconsideration review adverse determination letter dated X, the appeal request for X; X: "The ODG supports a X. The ODG indicates that for X. The ODG supports X. The ODG supports X. The documentation provided indicates that the claimant previously X. They report ongoing X. An examination of the X. X documented X. There is a request for a X. When noting that there is X. Additionally, there is X. Given the X. As such, X. However, as X was X. Because an adverse determination for X. The requested X is X. Based on the medical documentation, there is X. There does X. There is X. The guidelines have X. The X

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

The requested X. Based on the medical documentation, there is X. There does X. There is X. The guidelines have X. 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 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
- 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