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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 reported X took a X. The diagnosis was X. On X, X was seen by X, DO noting that X. X had X that X. The examination showed that X was X. The diagnosis included X. The plan was for X. On X, X presented to Dr. X in a follow-up regarding X. X stated X was developing a X. X had been trying to get X. On examination, there was some X. X was X. The X included X. Dr. X. It was to be noted that even if X got X, which had been X. For some reason that was X as the reason that X did X. X was on X. X was to X or as X. A progress note dated X from Dr.

X stated that X was following up regarding X. X continued to have X. X had X. X had X request for X. On examination, there was X. Dr. X recommended a X. They state X. X was X. An X of the X dated X identified X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was X. Rationale: "According to Official Disability Guidelines, X. Since X has been X." The patient has X. The patient has X. However, guidelines X. Thus, the request is X." On X, Dr. X wrote a letter of X, "This patient has been X. This all started with an X. X went on to have a X. We had been getting some X. This patient has been X. The patient has X. X has had X. X is X." Per a reconsideration review letter dated X by X, MD denied the X. Rationale: "The ODG does X. The documentation provided indicates that the claimant has X. The provider has recommended a X. They state that they X. They state that there has X. A X on X resulted in X. The guidelines do X. Therefore, the X

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

Per a reconsideration review letter dated X by X, MD X: "The ODG does X. The documentation provided indicates that the claimant has X. The provider has recommended a X. They state that they have been X. They state that there X. A X on X resulted in X. The guidelines do X. Therefore, 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