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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 X. On X, X reported X was the X. As X was X. The diagnoses were X. On X, X was evaluated by X MD. X had history of X. At that time, X complained of X. Then an X was done, which revealed a X. However, X continued to follow up X. As time went on X from X called stating that they X. A peer review doctor reviewed the information and stated that X would X. This prevented X from continued follow-up even though X continued to have X. Dr. X stated that since the X. It was obvious that X. The examination of the X. The X were X. X was X. X was X. X was X. X to the X. The X included X. An X of X dated X revealed a X. An X performed on X revealed X. Per a utilization review adverse determination letter dated X by X, DO, the request for X. Rationale: "In this case, the patient is a X who sustained an injury on X. The patient was diagnosed with X. There has effectively been X. There is X. As such, the request X." On X, Dr. X provided an appeal letter again requesting for X. Per a reconsideration review dated X by X, MD, the request for X. Dr. X stated that this case involved a X with a history of an X. The mechanism of injury was detailed as

X. The current diagnoses were documented as X. Progress notes dated X indicated that the patient was complaining of X. X of the X was done which showed X. X was indicated, but X did X. However, X continued to follow-up because of X. X examination indicated X. Prior relevant treatment included X. Provider was requesting X. Prior utilization review indicated a X. There was X. Rationale: "Based upon the medical documentation presently available for review, the above-noted reference X. There is X. As such, the request for X." The requested X. The medical documentation demonstrates that the patient sustained a X. A X of the X dated X revealed a X. The patient was placed at X. The patient X. The most recent medical records X.

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

The medical documentation demonstrates that the patient sustained a X. A X of the X dated X revealed a X. The patient was X. The patient X. The most recent medical records have X. An 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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

- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**