



## 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 now X with a date of injury of X. The mechanism of injury was detailed as X. The current diagnosis of the patient was documented as other X. The X of the patient were documented as X. The previous treatments of the patient included X.

On X, the patient was seen for an initial evaluation related to X. The patient had X. X had a X. X had X. The exam findings of the X noted X. There was X. There was X. There was X. The patient was X. X showed X. X of the X was recommended.

X of the patient's X dated X noted X. There were X. There was X. There was X.

On X, the patient was seen for an evaluation related to X. On exam, the patient X. X had X. X had X. There was a X. Given the patient's occupation, the provider recommended X.

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

On X, the patient was seen for an evaluation related to X. The provider stated that the patient had X. The patient's X. X now had X. X





had a X. X endorsed X. The provider indicated that the patient had X. The patient's symptoms were X. X findings were consistent with X. The provider recommended X. A request was noted for X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The Official Disability Guidelines (ODG)X. In this case, the patient has X. There were X. There was X. The provider indicated that the patient had X. The provider recommended X. Given the patient's X. X and X are recommended in X. However, there was a X. Additionally, the X. The documentation did X. The X. Thus, the addition of X. Additionally, the guidelines X.

The request is X. All other X.

## **SOURCE OF REVIEW CRITERIA:**

	ACOEM - American College of Occupational & Environmental	
Med	icine 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	
$\boxtimes$	ODG- Official Disability Guidelines & Treatment Guidelines	
	Presley Reed, the Medical Disability Advisor	
	Texas Guidelines for Chiropractic Quality Assurance & Practice	
Para	meters	





	TMF Screening Criteria Manual
	Peer Reviewed Nationally Accepted Medical Literature
(Provide a Description)	
	Other Evidence Based, Scientifically Valid, Outcome Focused
Guidelines (Provide a Description)	