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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 with a date of injury of X. The mechanism of the injury was X. X was seen by X, FNP-C / X, MD on X for X. X presented with X. X suffered a work injury in X when X. X sustained a X. X continued to X. X was initially X. X developed a X. Since X, X had experienced X. X had X. X experienced significant X. X also mentioned a history of X. On examination, X. X or X was noted. A X was in X. X were X. X was X. The assessment included X. X visited X, MD for a chief complaint of X. X medical history was X. X was previously seen in X. X continued to X. X was scheduled for a follow-up appointment with X. X did have an appointment for X. X also had issues with X. X also reported X. Overall, X. On examination, X was X. X on the X was noted. The assessment included X. X was scheduled for an X. Treatment to date included X. Per a utilization letter dated X, the request for an X and X was denied by X, MD. Rationale: "The ODG 'recommends X for the evaluation of X. X is supported X.' The documentation indicates that the claimant X. X developed a X. A X of X. The

provider recommended X. They also recommended X. There is a X. The requested X would X. As such, X of the X are X". X, NP wrote an appeal letter on X for the X. In the denial letter, it stated that the X were X. X suffered a X. X had been X. X had undergone a X. They were X. Given X since X. "Per an adverse determination letter dated X, the prior denial was X by X, MD. Rationale: "The Official Disability Guidelines recommend the X. The medical record indicated the claimant had a X. The medical record also indicated the claimant X. However, there was X. As such, the request for X. The Official Disability Guidelines recommend the use of X. The medical record indicated the claimant had a X. The medical record also indicated the claimant's X. However, there was X. As such, the request for X". Thoroughly reviewed all supplied records X. X with X. However, in light of patient having X. X from X. Therefore, the X.

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

Thoroughly reviewed all supplied records X. X with prior reviewers that X. However, in light of patient having X. X from 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
- 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)**