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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 stated that on X, X was X. The diagnosis was X. On X, X was evaluated by X, MD. X complained of X. X was able to X. X rated the X. It was X. Nothing X. X stated that X. After the X, X was able to X. X had X again and would like X. The duration of X. The X examination showed X. The X were X. The X was X. There was X. The diagnosis was X. X at the X. On X, X reported X. X was out of the X because X. X was X. The pain was X. Nothing X. X complained of X. X reported the X. X also had X. X had X. X had an X. Examination noted a X. X could X. X was X. X used a X. X was X. X noted that X had seen a X. At the time, X would request for a X. Further X by the X was pending. X documented that X had reached a point in the X. This decision was based upon the X. At this stage, X would require X. X had X. X would X. An X of the X dated X showed X. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the

request for X. Rationale: “Although a prior X. X is not recommended and there is X. Therefore, the request for X at the X. “Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “With the X. In addition, X is X. Overall, the requested X. “The request for X. The medical records note X. X is X. The medical records document the patient had X. It is now X. It is reasonable there would be X. However, X would agree with the previous X review. There is X. This portion of the procedure is X.

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

The medical records note X. X is X. X used a X. The medical records document the patient had X. It is X. It is reasonable there would be X. However, X would agree with the previous X review. There is X. This portion of the procedure is 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 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
- 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