

## **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 X seeking X. The patient was diagnosed with X. The comorbidities of the patient included X. The previous treatments of the patient included X.

X requests includes the following X codes: X

X from X noted X. There was X. There was a X. There was X. There was X. The X. The X.

On X, the patient was seen for an evaluation related to the X. The patient had injured X. At the time, X was X. X. Since that time, X had X. X had participated in X. X continued to X. The exam of the X showed X. X had pain with X. X had X. X test and X caused X. X of the X showed X. The patient X.

On X, the patient was seen for an evaluation related to the X. The X. X was X.

However, X had X. The X test was X. There was X. The patient reported X. The provider stated that the patient had a X. Most of X pain was over the X. There was a plan for X.

In a denial letter dated X, it was stated that the request for X. The request was X. There were X. There was X. There were X.

Additionally, there were X.

On X, the patient was seen for an evaluation related to the X. X had been treated X. On exam, there was X. X test was X. X continued to have X. The provider stated that they would give the patient X. They would resubmit paperwork for X. X was to continue to X.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND**

**CONCLUSIONS USED TO SUPPORT THE DECISION:** The Official Disability Guidelines states that X. X is recommended when X. X is recommended for X. The documentation should X.

A previous request for X. There were X. There was X. There were X. Additionally, there were X.

In this case, the patient continued to have a X. Most recent exams noted X. Imaging noted X. The provider recommended X. Proceeding with X. The patient has X. However, there was X. As such, the request is X.

**SOURCE OF REVIEW CRITERIA:**

- 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
- Presley Reed, the Medical Disability Advisor

- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a Description)
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be: X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

X.