

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 with a history of an injury from X. On X, the patient underwent X.

The X reexamination notes from X stated the X services began X to address X. Following X, the patient had X that kept X from returning to work. X was referred to X and reported X and X. X was X. X of the X, X. X in the X was X for X, X to the X, and X for X compared to X on the X. X was X to X.

On X, the patient received a notice of adverse determination for X to the X for X. The X stated that there was X as to why the patient could X to address the remaining X. The peer review report dated X approved the request for X for the X stating that the current evidence-based guidelines recommend up to X of X following X. The provided documentation indicated the patient underwent X on X. The referral information indicated the patient was certified for X to that point, with claims that only X were completed after X. The patient had persistent X preventing X ability to perform X. With the patient having X of X and with guideline supporting up to X, the X were considered medically necessary. A request was submitted on X for an independent review pertaining to X. This review pertains to X for the X.

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

The Official Disability Guidelines support X of X following a X. The information provided for the review stated that the patient underwent X on X followed by X. As of X, X continued to have deficits affecting the X and was being recommended for continuation of X. The patient was subsequently approved for the X on X. Given the provided information, the prior approval was correct and appropriate given that the patient should have been X following X procedure. Following completion of the X, the patient should X program to address any remaining deficits at that time. As such, the additional requested X was medically necessary.

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
- ODG Physical therapy 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