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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 is a X who was injured on X. X sustained a X while X was at the X. The diagnoses included X.X, MD evaluated X on X, for follow-up evaluation regarding X. X was last seen on X, and had X. On examination, X was X and X was X. X examination revealed X. The X :X. X test and X. X was X. X test was X. Rest of the findings were X. The assessment was X. X did not respond adequately to X. An X of the X dated X, revealed X. It was associated with a X. It appeared to be more of a X. It appeared to X. Treatment to date included X Per a Peer Review dated X, X, MD denied the request for X. Rationale: "Based on the provided documentation, the claimant is diagnosed with X. The claimant reports complaints of X. Examination of the X, X at X, X at X, X at X, X at X, X and X. X of the X performed on X revealed X. This is associated with a X. X appears to be more of a X. It appears to involve X.

The claimant X. ODG states, "X." Guideline criteria has X. Therefore, X. Therefore, X." Per a Peer Review dated X by X, MD, the X. Per Dr. X opinion the rationale was as follows: "The claimant has a X. X is recommended for X. It is X. In addition, an X. Therefore, the X." The requested procedure is X. The patient X. In addition, there is X. The guidelines X. Therefore, the requested X.

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

The requested procedure is X. The patient X. In addition, there is X. The guidelines have X. Therefore, the requested 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