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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:

X3BX

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. At work, X was X. The diagnoses included X. X was seen by X, PA on X for X. X reported that after the injury X. X was unable to X. X had X obtained at X. X experienced . X worked as a X. X body X mass index was X. Examination of the X. X was approximately X. X had X. X was unable to X examination due to X. On X, X presented for a follow-up. X reported X. X continued to X. X also experienced X. The pain was X. X continued to complain of X. X attempted X. X examination demonstrated X. X continued to have X. X had X. X was able to perform X. An X of the X on X showed X. Per the notice of adverse determination by X, MD on X, the request for X. Rationale: "The request for X. Guidelines only X. The claimant does X. Additionally, there has been X. It was also unclear why X. Accordingly, this request for a X. Recommend X. Conversation between the X. Utilization review decisions are based on evidence-based

guidelines and the medical documentation submitted for review. Per the notice of adverse appeal determination by X, MD on X, the request for X. Rationale: "The ODG recommends X. The ODG X. The current review documentation provided indicates the X. Objectively, there is X. An X confirms a X. Given the clarification with the new documentation that there has been a X. A general request for X. X is not supported for X. As such, X. However, as I was unable to reach the treating physician to discuss X. Conversation between the X. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review. Based upon review of the medical documentation submitted, the claimant demonstrates X. The X does reflect a X. However, X is not supported for X. As such, X.

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

Based upon review of the medical documentation submitted, the claimant demonstrates X. The X does reflect a X However, X is not supported for X. As such, a 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