

Notice of Independent Review Decision

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or 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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

Information provided to the IRO for review

X.

Patient clinical history

The claimant is a X. This review is to determine if X.

The denial letter from Medical Review stream from X states, “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. No peer conversation was conducted with Dr, X. The note dated X and X both state there is significant X. The CPM notes from X. Since we do not know whether there was X. If it was there prior to chronic pain management, then the X. If it was there during chronic pain management, then the guidelines recommend X. If this is the first time the X is being noted in X then this would suggest a significant difference in the patient's presentation. Since the documentation which was reviewed is not clear concerning this, nor did we have a peer conversation with Dr. X, The recommendation is for non-certification of this request.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X. This review is to determine if X.

X is a condition where the X. It is often associated with X. X plays a crucial role in addressing X.

X.

X.

X would be advantageous for this claimant, and it's worth noting that X. There are no guidelines for X. Therefore, the denial is overturned and it is the professional medical opinion of this reviewer that the X are medically necessary for the claimant.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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