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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: X

IRO CASE #: X

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:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This member is a X for whom authorization and coverage was requested X. The Carrier denied coverage for these services on the basis that these services are not medically necessary for treatment of the member's condition.

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

The Maximus physician consultant indicated that a review of records indicated the member was being treated for X. Past medical history was X. Past surgical history was X.

The Maximus physician consultant noted that the X magnetic resonance imaging of the X.

The Maximus physician consultant indicated that the X treating physician report cited that the member's pain has not changed since the last visit. The member has not had treatment. The examination revealed X. There is mild pain with X. There is X. The treatment plan included X.

The Maximus physician consultant noted that the X treating physician report cited that the member has been back to therapy at this time and still had two sessions remaining. The member reported that pain is continuing to remain at functional level. The member reported that therapy does help. The examination revealed X. There was mild pain with X. There was X. The treatment plan included X. The provider noted X did not feel any surgical intervention would provide a substantial improvement in the member's current pain and function level.

The Maximus physician consultant indicated that the X treating physician report cited left hip pain. The member had continued pain and it was starting to decrease X functional level. The therapy did not help. The pain had been increasing slightly in nature. The member's height is 71 inches, weight is 187 pounds, and body mass index is 26.1 kilograms per square meter (kg/m2). The examination revealed X. There was pain with X. There was X. The treatment plan included X.

The Maximus physician consultant noted that the X treating physician report cited continued pain and it was starting to decrease the member's functional level. The member reported that therapy does not help. The member's pain had been increasing slightly in nature. The surgery was denied due to part of the procedure being declined. The examination revealed X. There was pain with X. There was X. The treatment plan included X.

The Maximus physician consultant explained that as per Official Disability Guidelines (ODG) X. "Indications for X include:

- X;

The Maximus physician consultant indicated that also as per ODG, X. "Indications for X include:

- X;

The Maximus physician consultant noted that the member was being treated for X. The member presented with continued pain and was starting to decrease X functional level. The member reported that therapy did not help. The member's pain had been increasing slightly in nature. The surgery was denied due to part of the procedure being declined. The examination revealed X. There was pain with X. There was X. However, detailed documentation regarding X. There is no documentation of a X. The provided examinations did not corroborate any clicking-catching

and/or locking and/or giving way. There are X. Moreover, the X magnetic resonance imaging of the left hip showed "X. The provided documentation does not corroborate findings consistent with guideline criteria for the requested procedures. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines.

Therefore, I have determined that authorization and coverage for Reconsideration X is not medically necessary for treatment of the member's condition.

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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:**
- ☐ **PRESSLEY 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)**