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IRO Certificate No: X

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 occupational claim from X. Clinical note dated X reported the claimant was X. The claimant was noted to have X left X, thoracic X and lumbar X. It was noted that the left X and thoracic X had resolved. The claimant was X.

The claimant was seen on X for low back. It was reported the claimant had X. The claimant did report a recent X. It was noted that a previous request for X was denied. The claimant reported having X. Treatment plan was for evaluation with a X. Follow-up on X reported there was no notification regarding X. Follow-up on X again reported there was no notification regarding referral to X.

Determination letter dated X reported the request for X evaluation and testing was denied given the lack of clear indication of the nature of symptoms, X.

Appeal letter dated X reported the claimant was being recommended for evaluation and testing to determine appropriateness for therapy.

Determination letter dated X reported the request was denied as the level of assessment did not seem to warrant the situation.

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

Official Disability Guidelines states that X evaluations are recommended. X evaluations are widely accepted, well-established diagnostic tests for selected X. Diagnostic evaluations should be selected to X. X evaluations should be individually considered to determine whether X.

In this case, the claimant was being recommended for evaluation and testing to determine appropriateness for therapy. However, the request for a X. There is no documentation of a severity of condition to warrant the requested level of evaluation. As such, the request for X is not medically necessary and the prior denials are upheld.

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

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☐ Mercy Center Consensus Conference Guidelines
☐ Milliman Care Guidelines
☒ ODG- Official Disability Guidelines & Treatment 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:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part