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Notice of Independent Review Decision

Amendment x

IRO REVIEWER REPORT

Date:X; Amendment 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:

☒ Overturned Disagree

☐ Partially Overturned Agree in part/Disagree in part

☐ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

• X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. The diagnosis was X.On X, X was seen in follow-up by X, MD for X. Since the prior visit, the symptoms were X. X noted the X. X noted X was getting X. Examination noted an X. The X showed the X. There was X. X was X. X was X. A X test and X was noted. X dated X were X. Additional findings of X were noted. X showed X. X on X showed X. The assessment was X. X was status X. X was advised to continue X. X would like to proceed with X. The risks, benefits, and alternatives to X. It was discussed with X that the X. The X were recommended. X only was recommended.An X dated X, showed findings X. There was presence of X. There were X. X was noted. There was a X.Treatment to date included X.Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The principal reason for non-certification is as follows: X is not documented."Per a reconsideration review adverse determination letter dated X , the request for X was denied by X, MD. Rationale: "The principal reason for non-certification is as follows: A Physician Review denied X."Based on review of the supplied documentation, the purpose of the proposed procedure is a X. This is based off of X. The records reflect a X. Based on the records provided the request for X is medically necessary and certified

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

Based on review of the supplied documentation, the purpose of the proposed procedure is a X. This is based off of X. The records reflect a X. Based on the records provided the request for X is medically necessary and certified

Overturned

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