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Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT

Date: 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 who was injured on X when X was X. The diagnosis was X. On X, X was evaluated by X. X noted they had been working with X and X care team since X. X presented with a X. X reported that X used X. X had X. X reported that X could perform X: X included but were not limited to X. X lived in a X. X home had X. The driveway was X. X reported X. A neighbor happened to X. X enjoyed going out X. X reported that X encountered X. X had X that X and X. At X house, X encountered X. The house had a X. X needed to have the ability to X. X reported X was X. X on X. Since the X, X had been limited to what X could do in the X. X was X in X. X was X at the time and would continue when received X. X had been performed in person previously in X scored within X. X had a X. X current X. X reported that the X. Also, the X. X had X. The X is a X, and X needed a X. X also had X. X reported the X. Based on X evaluation, X as well as X, X would be classified as a X. X would be X. Fitting X with X would give X the X. X provides X. Studies showed that a X. An X would give X stability to X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is Non-certified. A current X evaluation of the claimant was not included for review. The prior X evaluation was from X of X and more than X. Without a current X evaluation of the claimant detailing current X Issues and specific finding to support a X, certification cannot be recommended." In an undated letter, X wrote that X was the treating clinician for X and was resubmitting the documentation for X. X had been through X. X was in a X. X had spoken with X in-house X. Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD as not medically necessary. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. Based on the medical records available for review, a prior request for X was already non-certified due to lack of recent dated

X evaluation for review, without which a certification is not recommended. In reviewing the documentation, the last evaluation by the ordering physician was X, I did speak to the physician regarding the lack of a recent note or evaluation. X reports X will submit but this is not currently available. Pending this recent evaluation, the request is not currently supported.”The requested X is not medically necessary. The most recent submitted medical records indicate that the patient is functioning at a X. The guidelines recommend a X. Thus, the guidelines have not been met for the requested X. X is not medically necessary and non certified

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

The requested X is not medically necessary. The most recent submitted medical records indicate that the patient is functioning at a X. The guidelines recommend a X. Thus, the guidelines have not been met for the requested X. X is not medically necessary and non certified

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