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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 who was injured on X. X was injured while X. The diagnosis was X. On X, X was

seen by X, DO for evaluation of X. X reported that X had X. The X related referred X. There was X. X had X in the past, continued on X. The X on X. On examination, X was X, X was X. The X examination revealed X. There was X test with X. The X examination revealed X. There was X noted. There was X. There was X. The X. There was X noted with X. The X included X. The X. The X. The X. The X. The X. X An X of X dated X showed X. At X was seen. There were X noted. An X of the X dated X showed that at X. At X. At X , there was X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, DO, the request for X was denied. Rationale: "There is not documentation to support medical necessity of X. X documents X. X testing are X. There is X. Recommend denial." Per a reconsideration review dated X by X, MD, the request for X was denied. Rationale: "X are recommended as X. X are recommended if X. The initial X is recommended if the X. The X documented in the most X. One of X. No information is provided X. Additionally, the X. Additionally, there is X. Therefore, X is not medically necessary and upheld." Regarding 2. X, Rationale: "As the accompanying request for X is non-certified, so too is the request for X. Therefore, X is not medically necessary and upheld. Thoroughly reviewed provided records including X. Agree with peer reviews that based on documentation, there does not X. Further, patient X. Last, X would be indicated for 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:

Thoroughly reviewed provided records including X. Agree with peer reviews that based on documentation, there does X. Further, patient X. Last, X. X is not medically necessary and non certified.

Upheld

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