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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: 1. 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. The mechanism of injury was not available in the provided medical records. No office visit note or diagnostic reports were available for review. Per an initial adverse determination letter dated X by X, MD, the following requests were denied: 1.X. 2.X. 3.X. Rationale: “The principal reason(s) for denying these services or treatment: A lack of X. The clinical basis for denying these services or treatment: Per ODG: Clinical presentation should be consistent with "X" The medical records X. The examination notes X. There is no indication of X. Further, the X MRI noted X. Therefore, my recommendation is to NON-CERTIFY the request for X. The patient’s examination was X. X reports symptoms of X. The lumbar MRI showed X. These findings are X. Therefore, my recommendation is to non-certify the request for X. “Per an reconsideration review adverse determination letter dated X by X, MD, the appeal requests for the following were denied: X. Rationale: “The principal reason(s) for denying these services or treatment: The documentation does X. The clinical basis for denying these services or treatment: The Official Disability Guidelines state that a diagnostic medial branch block is the preferred procedure to determine facet mediated pain. As noted above, X were previously certified as the records X. There was X. A X MRI and noted X. Regarding the current request, the updated examination from X also X. There is an indication of X. The records do not indicate that pain is particularly exacerbated by rotation and extension. The CT scan from X did X. The MRI from X also did not X. In the updated documentation, the physician notes that the X.

Based on this information, the medical necessity remains unsubstantiated. Therefore, my recommendation is to non-certify the request for appeal:X. The principal reason(s) for denying these services or treatment: The documentation X. The clinical basis for denying these services or treatment: The Official Disability Guidelines state that a X. X is suggested by an X. In the previous peer review, non-certification was rendered as the MRI did not suggest X. The appeal documentation also does not indicate X. MRI findings from X did not substantiate significant X. The examination on X indicates X. There is no indication X. In addition, the patient has reported X. Considering this information, the medical necessity is not demonstrated. Therefore, my recommendation is to non-certify the request for appeal: X. "The requested procedure consisting of X are not medically necessary. According to the submitted medical records, the objective findings X. In addition, the records reflect X. The guidelines have not been met for the requested procedure. No new information has been provided which would overturn the previous denials. . X are 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 procedure consisting of X are not medically necessary. According to the submitted medical records, the objective findings do not X. In addition, the records reflect X. The guidelines have not been met for the requested procedure. No new information has been provided which would overturn the previous denials. . X are 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