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Notice of Independent Review Decision

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. Per a utilization review adverse determination letter dated X, the mechanism of injury was as X. The diagnosis was low back pain. There were no office visits provided in available medical records. Per a utilization review adverse determination letter dated X by X, MD, the requests for X were denied. Rationale: "Official Disability Guidelines recommends X. On X, the claimant was seen for low back pain. Lumbar spine exam showed X. Requested details for X were not detailed, X to be used in conjunction with the request was not noted, guidelines do not recommend X. As such, the request for X is non-certified. Official Disability Guidelines X. On X, the claimant was seen for X. The cervical exam showed X. Requested levels for X were not detailed, X to be used in conjunction with the request was not noted, guidelines do not recommend. As such, the request for X is non- certified. "Per a reconsideration review adverse appeal determination letter dated X by X DO, the requests for X were denied. Rationale: "The Official Disability Guidelines recommend X is well documented along with X. Cited criteria includes X. On X the claimant presented to the office complaining of X. On assessment, X and decreased X were noted for X. However, the claimant did not meet the guidelines criteria. The level for the X was not noted, it was not established why the claimant needs X. The initial non-certification reasons are upheld. Thus, the request for X are non-certified. "Thoroughly reviewed provided records. Unknown what lumbar levels are requested for X and if patient has prominent radicular symptoms. Exam may have revealed X. Further, unclear if patient has

attempted significant 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:

Unknown what lumbar levels are requested for X. Exam may have revealed X. Further, unclear if patient has attempted significant 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