

Notice of Independent Review Decision

X:

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or 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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

Information provided to the IRO for review

X

Patient clinical history

The claimant is a X diagnosed with Strain of muscle, fascia and tendon at neck level, initial encounter, Contusion of lower back and pelvis, initial encounter, Unspecified injury of right shoulder and upper arm, initial encounter, Sprain of unspecified site of left knee, initial encounter, Reaction to severe stress, unspecified, Contusion of left front wall of thorax, initial encounter, Contusion of unspecified part of head, initial encounter, Contusion of abdominal wall, initial encounter, Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter, and Sprain of ligaments of lumbar spine, initial encounter. The IRO Request Details from Texas Department of Insurance dated X documents the Service Denial Details includes CPT codes, "X", which includes X. Therefore, the purpose of this review is to determine the medical necessity of X.

Referral Information from X dated X documents that the claimant's date of injury was X; reporting, "The injury occurred when the claimant was an X." Compensable Body parts documented were Cervical and Lumbar Spinal Cord, Shoulder, armpit, rotator cuff, trapezius, clavicle, scapula, chest, sternum (soft tissue), left knee, multiple head injury, and left and right hand.

Denial Letter from X dated X states, "... In this case, there is no record of extreme X, yet the treating physician has documented a plan to administer the X. Unneeded X is not recommended because it may cause a false positive response. Therefore, the request for X is not medically necessary. X, as an outpatient. Per ODG regarding

X, "X may be grounds to negate interpretation of X." In this case, there is no record of X. Unneeded X is not recommended because it may cause a false positive response. Therefore, the request for X is not medically necessary."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

After thorough review of the clinical documentation provided, it is revealed that the claimant is requesting X. X. However, it is important to consider that performing this procedure in a X, is not recommended.

Upon review of the clinical documentation, as well as referenced evidence based medical guidelines, X would be advisable, however the claimant is not documented to have X. ODG Criteria for X, "X may be grounds to negate X." Furthermore, the X can cause a false positive block and affect accuracy. Therefore, it is the professional medical opinion of this reviewer that the request for X; X is not medically necessary for this claimant.

Description and source of the screening criteria or other clinical basis used to make the decision

ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase

AHRQ - Agency for Healthcare Research and 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