

Notice of Independent Review Decision

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:

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a X with date of injury X. The mechanism of injury was a fall on the sidewalk. Initial diagnosis was muscle strain, fascia, and tender lower back. Most recent encounter X patient complaining of back pain, constant aching, throbbing, shooting, burning, soreness and stiffness. Able to stand for less than X minutes, sit for more than X minutes, and walk less than X minutes.

VAS pain score was X, worst X, and best X.

On physical exam patient X. Pain in X.

MRI lumbar spine performed on X with the impression. X resulting in X. X in X. X resulting in X.

Patient did undergo X.

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

Per ODG references, the requested "X" is not medically necessary.

Most recent MRI showed X was noted in the MRI at all if compared to previous MRI that showed X. On the most recent Physical exam patient had X. Physical exam findings with X.

Therefore, medical necessity for "X" is not certifiable.

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 KNOWLEDGE BASE
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

- PRESSLEY REED, THE MEDICAL
DISABILITY ADVISOR
- TEXAS GUIDELINES FOR
CHIROPRACTIC QUALITY ASSURANCE &
PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY
ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED,
SCIENTIFICALLY VALID, OUTCOME FOCUSED
GUIDELINES