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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: MRI X X, MD
X: Note by X, MD
X: X-ray X
X: Follow up by X, MD
X: UR performed by X, DO
X: UR performed by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X that was injured on X.

X: MRI X, MD. Negative exam.

X: Note by X, MD. Examination reveals X. X test positive, X and X test, X. Normal X. Recommended X.

X: X-ray X. X. There is no X. No X seen. No X, no instability upon X and X.

X: Follow up by X, MD. Claimant reported X months of X. X reported X. Pain is rated between X. Therapy does not help the symptoms. Plan: X.

X: UR performed by X, DO. Rationale for denial: With regard to the X, there was no documentation of the claimant having X pain and X pain with diagnoses of X pain and X pain on the X that was reportedly untreated with positive orthopedic testing and tenderness on PE and the plan to do X along with X for pain and a X

Therefore, this request is non-certified.

X: UR performed by X, MD. Rationale for denial: The provider has not submitted any compelling evidence or exceptional circumstances to justify deviating from guideline recommendations. Therefore, based on lack of guideline support and lack of sufficient documentation to support this request for X is recommended non-certified.

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

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The provider has not submitted any compelling evidence or exceptional circumstances to justify deviating from guideline recommendations. Therefore, based on lack of guideline support and lack of sufficient documentation to support this request for X is recommended non-certified.

The request for X is found to be not medically necessary

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

PRESLEY 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 (PROVIDE A DESCRIPTION)