

**Vanguard MedReview, Inc.**  
**101 Ranch Hand Lane**  
**Aledo, TX 76008**  
**P 817-751-1632**  
**F 817-632-2619**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X: MRI X interpreted by X, MD with X MRI X

X: Encounter Report by X, MD.

X: UR performed by X, MD.

X: Letter of Appeal by X, MD

X: UR performed by X, DO.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X: MRI X interpreted by X, MD. **Impression:** 1. X. 2. Multiple X with a X. 3. Large X and extensive X around the X.

X: Encounter Report by X, MD. **Diagnosis:** Closed X of X, initial encounter, moderate X, X, initial encounter. **History:** X who sustained injury to X about X X when X. X noted immediate X. X has been treated with modification of activities, X, and X. X is still having X activities. **Plan:** Started X. X education. I recommend considering X to address with appears to be an X.

X: UR performed by X, MD. **Rationale for Denial:** In this case, the X MRI report does not describe an X to support the necessity of surgical intervention. Medical necessity has not been established. Therefore, my recommendation is to non-certify the request for X.

X: UR performed by X, DO. **Rationale for Denial:** The ODG state that X provides a minimally invasive treatment option for a wide variety of

indications including X. X can be treated using X indications for X include X treatment. The patient complained of X pain and was previously treated with X. An MRI of the X dated X, revealed a X. Multiple X with a X was seen. There was a large X and extensive X around the X. On examination, pain was noted X. Pain was noted with notion of the X and upon palpation of the X. Mild X was noted in the X and there was X. There was also X along the X X with X medially and X into the X of the X. However, there continues to be a lack of official imaging evidence of an X. As such, the request for "X: X" is non-certified.

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

The request for X is denied.

The patient is a X who X on X, injuring X. The MRI of the X demonstrated an incomplete X. On X, the treating provider recommended X to address an X, which he identified on MRI.

The Official Disability Guidelines (ODG) supports X in the treatment of X.

The MRI report does not identify an X. The diagnosis of these X can be performed with a MR- X, which is a less invasive modality than X.

Based on the records reviewed, X is not medically necessary for this patient.

Per ODG:

XX

**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 KNOWLEDGBASE**

- 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**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**