

AccuReview

An Independent Review Organization

P.O. Box 21

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: MRI X

X: X

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X: Procedure Report by X, MD

X: Office Visit by X, MD

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X: UR performed by X, MD

X: UR performed by X, MD

X: Letter of Appeal by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X when X. A X MRI on X revealed findings consistent with the presence of a X. There was no X. A X MRI obtained on X revealed findings consistent with the presence of a X. On X, the claimant underwent X.

On X, the claimant presented to X, MD for continued X pain X pain. X reported being very uncomfortable in X daily activities. X had a lot of limitation to do X job throughout the day; X wasn't able to carry anything over X pounds. They were pending an MRI of the X to further evaluate the X symptoms with the X that X had from X. On exam X continued to have X well, mostly at levels X. X had positive X

over the X. Positive for X pain X. X did have pain at X and a lot of X around the X as well. Plan: 1. Refill X. 2. Requesting a X with the X on file in regard to the MRI that has not been approved from several requests. 3. Resubmit the request for an MRI of the X.

On X, the claimant presented to X, MD with persistent significant X. Review of UDS: X screen was evaluated in house today and was negative. Plan: 1. Refill X medications. 2. Continue requesting a X with X regarding the MRI request.

On X, X, MD performed a UR. Rationale for Denial: Specifics are not provided with regard to current prescription medication utilization. Specifics are not provided to indicate a concern as it relates to X utilization. Consequently, based upon the medical documentation available for review, medical necessity for this specific request as submitted is not established. Therefore, X is not certified.

On X, X, MD performed a UR. Rationale for Denial: The Official Disability Guidelines do recommend X testing as a tool to monitor compliance with X, identify the use of undisclosed substances, and uncover diversion of prescribed substances. From the record, the patient has X pain and is taking X and X to manage X pain. X does not have documentation of an X prescribed to X. As such, the request for X screening X is non-certified.

On June X, in a letter of appeals, Dr. X reported that X evaluates the claimant on a monthly basis for X continued symptoms and would continue to recommend a monthly X-panel UDS for the claimant. X stated the claimant is currently on medication which include X that require X for every visit. Dr. X wants to make sure the claimant is X that could affect X current X regimen.

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

Determination: Denial of X is X since the request exceeds ODG recommendation for testing. Based upon clinical records, this testing is not a point of contact test prior to the start of prescribed X, nor is there documentation of risk of X in regards to current medication regimen of X (X) and X (X), nor documentation of suspected X. Therefore, the request for X is not medically necessary.

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
- 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)