

True Decisions Inc.

Notice of Independent Review Decision

True Decisions Inc.
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PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained injuries on X at work. X was X. The diagnoses were X. X was seen by X, DO, PA on X for X. X had X. The pain score was rated X. X had become X. X also reported X. X had X. Examination revealed X. X had X. X had a X. X also had X. X had X. X needed to X. X reproduced X pain. X throughout the X were noted. X did have a X. On X, X reported X. X test was X. X had X. An MRI of the X dated X showed X. A X was noted. The treatment to date included medications X. Per an Adverse Determination Letter dated X, the request for X at the X was noncertified. Rationale: "In this case, the patient complained of X. Since the injury, X had X. X pain score was X. On physical examination, X revealed X. X had X. X had a X. X also had X. X had X. X needed to X. X reproduced X pain. There were X. X throughout the X were noted. X did have a X. A request for X was made; however, X. There were X notes submitted to validate X. Furthermore, there was limited documentation of X. In the most recent visit, there were X. Lastly, X is not generally recommended. When required for X, a patient X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not medically necessary. In light of X presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X not MEDICALLY NECESSARY as X were not fully established." Per an Appeal Denial letter dated X, the request for X was noncertified. Rationale: "Per evidence-based guidelines, X is recommended as a possible option for short-term treatment of X pain (defined as pain in X. Per recent medical report, the patient had a X. X was X. X had X. The patient had X. MRI of the X by X, MD dated X showed X. However, there was no actual report submitted for validation. A request for X was made. It was noted that X had X; however, objective efficacy cannot be validated from comparative evaluation of medical reports dated X and X as there was no clear

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documentation of objective response to X and no actual report submitted for the X rendered. Clear exceptional factors were not identified. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. It was noted that X had X; however, objective efficacy cannot be validated from comparative evaluation of medical reports dated X and X as there was no clear documentation of objective response to X and no actual reports submitted for the X rendered.”

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

Official Disability Guidelines discusses X. Such X may be indicated in situations where a patient presents with symptoms, exam findings, and diagnostic studies which correlate to suggest a X. In this case, the patient’s X. Thus, it is not clear that the clinical circumstances correlate to confirm a X. Moreover, the guidelines generally recommend X as beneficial early in the course of an injury in order to facilitate initial active functional restoration. It does not appear likely that the patient would have meaningful or meaningfully prolonged benefit from an X instead in a X situation such as this.

Given the documentation available, the requested service(s) is considered not medically necessary and therefore the request is upheld.

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

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