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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: Letter of medical necessity by X

X: Office visit by X MD

X: Office visit by X, MD

X: Peer review by X, DO

X: UR performed by X, DO

X : X

X: UR performed by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X. The claimant was diagnosed with X. The mechanism of injury occurred when X was pulling a X, X. The XX rolled over X, twisting X , and back when X.

X: Office visit by X, MD. Claimant present for X pain. The pain is most X. The past medical history includes X. The examination reveals X. The claimant reports adequate X, improved X. X current medications A include X, X, X,X X.

X: UR performed by X. Rationale for denial: The request for X, X is not medically necessary. It has been determined that the health care services requested does not meet established standards of medical necessity.

X: UR performed by X, MD. Rationale for denial: The request for X, X, X, X, X is not medically necessary.

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 for X, X, X, X, X is not medically necessary. For X, there were no objective clinical findings to establish the claimant had X, XX maintenance, XX quality and next-day function was not addressed. In addition, it should be used only as a short-term medication. For X, there is no objective evidence of functional gains associated with the medication use. X is only recommended for short term use. X and X are not indicated, however, due to the nature of these medication, they should be weaned. It has been determined that the health care services requested does not meet established standards of medical necessity. Therefore, this request is non-certified.

The request for X is found to be not medically necessary.

ODG Guidelines:

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**
- 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)**