

Vanguard MedReview, Inc.

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

XX: Office Visit by X, DO
 XX: X-ray, X, X; 2 or 3 views interpreted by X, MD
 XX: X-ray, XX, unilat, with X interpreted by X, MD
 XX: X-Ray, X X interpreted by X, MD
 XX: X-Ray, X X interpreted by X, MD
 XX: X-Ray, X X interpreted by X, MD
 XX: Office Visit by X, DO
 XX: Office Visit by X, DPT
 XX: Office Visit by X, DPT
 XX: Office Visit by X, DPT
 XX: Office Visit by X, DO
 XX: X X MRI interpreted by X, MD
 XX: Office Visit by X, PT
 XX: Office Visit by X, PT
 XX: Office Visit by X, DO
 XX: Office Visit by X, PT
 XX: Office Visit by X, DO
 XX: Office Visit by X, DO
 XX: Office Visit by X, DO
 XX: Consultation by X, MD
 XX: Office Visit by X, DO
 XX: Recheck Report X, MD
 XX: Injury Recheck Encounter by X
 XX: Consultation by X, MD
 XX: X MRI interpreted by X, MD
 XX: MRI X X interpreted by X, MD
 XX: X MRI interpreted by X, MD
 XX: MRI X X interpreted by X, MD
 XX: Progress Note by X, MD
 XX: UR performed by X, MD.
 XX: Progress Note by X, MD
 XX: Preauthorization Request by X, MD
 XX: UR performed by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

XX: Office Visit by X, DO
 XX: X-ray, X, X; 2 or 3 views interpreted by X, MD
 XX: X-ray, XX, unilat, with X interpreted by X, MD
 XX: X-Ray, X X interpreted by X, MD

XX: X-Ray, X X interpreted by X, MD

XX: X-Ray, X X interpreted by X, MD

XX: Office Visit by X, DO

XX: Office Visit by X, DPT

XX: Office Visit by X, DPT

XX: Office Visit by X, DPT

XX: Office Visit by X, DO

XX: X X MRI interpreted by X, MD

XX: Office Visit by X, PT

XX: Office Visit by X, PT

XX: Office Visit by X, DO

XX: Office Visit by X, PT

XX: Office Visit by X, DO

XX: Office Visit by X, DO

XX: Consultation by X, MD

XX: Office Visit by X, DO

XX: Recheck Report X, MD

XX: Injury Recheck Encounter by X

XX: Consultation by X, MD

XX: X MRI interpreted by X, MD

XX: MRI X X interpreted by X, MD

XX: X MRI interpreted by X, MD

XX: MRI X X interpreted by X, MD

XX: Progress Note by X, MD

XX: UR performed by X, MD. **Rationale for Denial:** The requested X is not appropriate. The specific type of X requested and the procedure during which this X is to be used is unclear. Additionally, as both the requested X X X and XX X were non-certified elsewhere within this review, the associated X is not medically appropriate. The request for unknown X is non-certified.

X: Progress Note by X, MD. This is a X who we have asked for X-X and X XX X as well as X and X X X X X. They have been denied in spite of meeting ODG. X is back for complaints of the same problem. No other changes are noticed. The patient will have this appealed. We will see him back in one month.

X: UR performed by X, MD. **Rationale for Denial:** Based on the cited guidelines and submitted documentation, it appears the previous non-certification was warranted. All requested X were non-certified, therefore, there is no medical necessity for X. Furthermore, the type of X requested was not listed. Based on the above discussion, the request appeal for unknown X is 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, the request is non-certified. The requested X is not appropriate. The specific type of X requested and the procedure during which this X is to be used is unclear. Additionally, as both the requested X X X and XX X were non-certified elsewhere within this review, the associated X is not medically appropriate. The request for X and XX, XX X, unknown X between X and X is not medically necessary, and should be non-certified.

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)