



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

PATIENT CLINICAL HISTORY [SUMMARY]:

The Injured Worker (IW) is a X (DOB X) who suffered a work-related injury on X. Per the medical records provided from an X consult with Dr. X, IW was "X". IW reported pain since the DOI which was worse on the X. The IW has reported X. Pain was said to be worse at X. Pain could reach X.

Therapy to date has consisted of X. IW reported benefit from X.

The patient's X exam was said to show normal examination of the X. X was X throughout. X was X. The IW reported X to in the X. The remainder of X exam was unremarkable.

X of the X completed on X showed X seen at X. A X appearance was seen in the X with no measured X.

X attending provider has requested prior authorization for X.

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

Per ODG references the requested "X" is not medically necessary.

The Official Disability Guidelines states "There is minimal justification for performing X studies when a patient is presumed to have symptoms of X". In this case, the IW's complaints and findings on X imaging study (X) are consistent with X. In as much



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performance of X would not be consistent with guidelines and therefore non-certification of this procedure is recommended.

While ODG states that performance of X is an "option" it also notes that "X are not necessary if X is already clinically obvious.". In this case a diagnosis of a X is otherwise clinically obvious. The IW's symptoms combined with the objective X noted on examination and the corroborating findings on MRI of the X make the presence of a X "clinically obvious". ODG also adds that "X is not recommended for well-established X unless there has been significant recent symptom worsening associated with clear X findings". Thus, taking the clinical information provided in this case into consideration, the performance of an X would also not be consistent with guidelines and therefore non-certification of this service is also recommended.

In conclusion the prior adverse determinations are recommended to be upheld as the X are not medically indicated.

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 KNOWLEDGE BASE



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