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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient underwent X by Dr. X. On X, a X MRI scan was performed demonstrating a broad-based X with X. The quality of the MRI scan was said to be “technically challenging” due to patient X. On X, the patient was seen by Dr. X for follow-up complaining of X pain and X pain into the X. X also complained of X. Physical exam documented X. There was decreased X. Dr. X started the patient on X and X and recommended referral to Dr. X. Dr. X evaluated the patient on X, noting X complaint of X pain X, as well as the prior history of X. X pain level was X. Physical exam documented decreased X, but no other examination

findings. Dr. X recommended X(X). Initial review by a physician advisor recommended non-authorization of the procedure.

A second physician advisor reviewed the request on X, noting that two attempts had been made to contact Dr. X on X and X without the doctor returning phone calls. That physician advisor also recommended non-authorization of the procedure. Dr. X followed up with the patient on X, providing no new clinical findings and again requesting the X. A third physician advisor reviewed the request on X, again noting Dr. X not being available or returning any phone calls for the peer-to-peer request. That reviewer also denied the requested procedure, citing no evidence of X corroborated by X imaging, specifically at the X levels. Dr. X followed-up with the patient on X, documenting the same complaints and recommended referring the patient to a X. A fourth physician advisor reviewed the request submitted by Dr. X on X, also recommending non-authorization after two attempts to contact Dr. X with no return phone calls from the doctor. A fifth physician reviewer also reviewed the request on X, recommending non-authorization, noting two attempts were made to contact Dr. X with no return phone calls being made and the doctor not accepting the opportunity for the peer-to-peer review. That reviewer noted that Dr. X had not provided any new clinical findings or compelling information to justify overturning prior recommendations for non-certification. X noted that X and X were not corroborated by the MRI findings and noted the Official Disability Guidelines (ODG) required “objective evidence of X that is corroborated by imaging studies and/or electrodiagnostic testing to consider a X,” noting that none of those factors had been met.

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

It should be noted there is, first and foremost, no evidence of any X on the MRI scan performed in X that in any way corroborates or correlates with the patient's symptoms of X pain. Additionally, there is no physical examination evidence of X nor any electrodiagnostic evidence of X that has been documented by the requesting physician. As noted by a previous physician advisor, X are indicated to treat X corroborated by MRI findings and consistent with MRI findings of X, supported by either physical examination or electrodiagnostic study evidence of X. In this case, the MRI scan does not demonstrate any X and Dr. X has not documented sufficient physical examination evidence of X to justify that diagnosis. Therefore, since the MRI scan shows essentially nothing more than X with no evidence of X at any level, the requested X utilizing a X with X is not reasonable, medically necessary, or supported by the ODG. Thus, the prior non-authorizations of the request are, therefore, upheld at this time.

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 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 (PROVIDE A DESCRIPTION)