



Specialty Independent Review Organization

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a case of a X patient who sustained an injury on X when X. Magnetic Resonance Imaging (MRI) of the X by X, MD dated X revealed X and X. MRI of the X, MD dated X, there is X; there was is X. There was X. There was X. There was no X. On X operative report by X, MD, the patient underwent X. On X operative report by X, MD, the patient underwent a X. According to office visit by X dated X, the patient was X. X continued to X. X had X. X had X. As a result, X wanted to X. X avoided X. X was taking medication X. X was working on X and X. It was noted that X. also, due

to X. There were no quantifiable clinical findings of the X. Medications included X. Prior treatment included, X.

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

Per evidence-based guidelines, X are recommended as a X for X. In this case, the patient was waiting to proceed with X. X continued to X. X had X. X had X. As a result, X wanted to proceed with X. Also, due to X. A request for X was made. However, one must find quantifiable clinical findings X. Also, X from X was not established. Moreover, guidelines noted that X is not generally recommended. When required for X. Therefore, this request is not medically necessary.

Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition

Chapter: X:

Note: The purpose of X.

- (1) X (due to X. Objective findings on examination need to be present. X must be corroborated by X
- (2) Initially unresponsive to conservative treatment X
- (3) X should be performed using X
- (4) Diagnostic Phase: At the time of initial use of an X indicate whether success will be obtained with this treatment intervention), a maximum of X. A X
- (5) No more than X should be X.
- (6) No more than X should be X.

(7) X: If after the X. This is generally referred to as the X.” X for repeat X. The general consensus recommendation is for no more than X.

(8) Repeat X should be based on continued objective documented X.

(9) Current research does X. We recommend no more than X and X.

(10) It is currently not recommended to perform X as this may lead to improper diagnosis or unnecessary treatment.

(11) X and X should not be performed on the same day. (Doing both X on the same day could result in X, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

(12) X should be avoided.

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 X
- 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)