

True Decisions Inc.
An Independent Review Organization
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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: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X while X. X explained that X was X. X was X. X the X. X, and as X. X stated that X and then X. X stated X and then the X. X stated X was in X. X made an X. X was X. X began to X. The pain in X was X. X was X. X came to the X and X. The diagnoses were X. An X, PsyD, X. On X appeared X and X. X was X. X was X. X was X. X was X. X was X. X and X. X was X. X did X. X and X. According to X. In addition, there were X. This state had X. X total score of X. On X, a X DC. X rated X pain X. X was X. X because of X. X was X. X and X. X and X. X on an X. Therefore, X must be X. X was X. X was X. X could X. The X could not X. Based upon the X was X. X would X. It was noted this X may be necessary in order X. Treatment to date included X. Per a X had X. After X and they were X. It was X. Because X was X. X was likely to X. X was X. X was likely to X. X would be X. X expected X would X. A X indicated that the request for X was non-certified.

Rationale: "A request is submitted for X. A medical document dated X indicated that x. It was documented that a X. It was documented that the claimant X. Based upon the X, the medical necessity for this specific request as submitted is not established.

The documented X are not sufficiently X necessity for this specific request as submitted. Consequently, presently, medical necessity for X is not established. Recommend non-certification.” Per Request for X, the claimant's X were X. X planned to X. X was X. On X, an X was denied. Rationale: “Regarding X. These X. There should be X. Also, that X. with X. And X. The X. In this case, the claimant X. X had X. However, there is X. Based on the documentation available for review, the medical necessity is not established. Therefore, recommend non-certification for X.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. A X indicated that the request for X was non-certified. Rationale: “A request is submitted for X indicated that X. It was documented that a X. It was documented that the claimant was with a X. Based upon the medical documentation presently available for review, the medical necessity for this specific request as submitted is not established. The documented X to support medical necessity for this specific request as submitted. Consequently, presently, medical necessity for X is not established. Recommend non-certification.” On X an Appeal Request Denial indicated that the request for X unit was denied. Rationale: X. There should be evidence of a X. Also, that "There is evidence supporting treatment with an X. with improvement followed by plateau, without evidence of likely benefit from continuation of previous treatment." And "A specific defined X has been established, communicated, and documented. The ideal situation is that the plan was agreed to by the X. In this case, the claimant X. X had X. However, there is X. Based on the documentation available for review, the medical necessity is not established. Therefore, recommend non-certification for X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records X. It is reported that X. The patient presents with X. The patient is X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is upheld.

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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL