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Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified X

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

X

Patient Clinical History (Summary)

X who was injured on X. X was X. The diagnosis was X.

On X was X, MD for X. Per note, X had X. X described X. The pain X. It was present with X. The X. Examination of the X. X was X. X over the X. Examination of the X. X was X. X x-rays of X. The diagnoses were X and X.

Multiple x-rays demonstrated X. The X.

Treatment to date included X.

Per a X dated X, the request for X was non-certified. Clinical Rationale: "The ODG recommends X. The provided documentation indicates the X. They have had X. There are no X. Based on the available information and ODG recommendation, X are not medically necessary and are non-certified."

Per a X, the previous denial was upheld. Clinical Rationale: “This X has had X. This one is certainly timed appropriately but does not satisfy two ODG criteria: 1. Recent clinical exam documenting the result of the previous series and the condition of X. 2. X can be considered a X. This was discussed with Dr. X assistant and X understands the need for a current clinical exam. Therefore, the X is upheld.”

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. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient’s X. There is no documentation that X. There is no documentation of X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

☐ ACOEM-America College of Occupational and Environmental Medicine

☐ AHRQ-Agency for Healthcare Research and Quality Guidelines

☐ DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines

☐ Pressley Reed, the Medical Disability Advisor

- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)