CASEREVIEW

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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:
This physician is a Board-Certified X

REVIEW OUTCOME:

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

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a X who was injured on X. No mechanism of injury was provided. X underwent X.

On X Impression: There is a X. There is no evidence for X. The X. The patient is status post X. X change is seen in the X. There is no evidence for a X. The X with contrast and X.

On X Impression: 1. X changes of X. 2. X present within the X. X for X.

On X, the claimant presented to X, MD. The claimant continued to have X. Symptoms were improved by X. X did get some X.

On X, the claimant presented to X, MD with X. X and X. It was reported X had an X and got X. No change in X. X, but X. On X there was X. X and X. Recommendations include X, and continue current X.

On X Results: 1. No X. 2. No X evidence of a X. 3. No X evidence of X. 4. No X evidence of a X.

On X, the claimant presented to X, MD with complaints of pain in the X. X was noted in the X. X was noted in the X and X. X was noted in the X. X described the pain as X. It was present X. The symptoms were made X. The symptoms were made X. The X and X. Impression: X. Recommendations: X. Due to patient X. Patient to continue X. Patient advised to obtain a X.

On X MD performed a UR. Rationale for Denial: Regarding the requested X. X are generally performed X. A X is not recommended if the X. If there is several months of X. X may be considered for X. The Official Disability Guidelines do not specifically X so X were referenced. According to the X care may be recommended for diagnostic or X that preserved X and X. In this case, the patient reports pain in the X. Additionally, there is X. However, X were noted to have been ineffective and therefore, a X is not medically justified. Furthermore, the submitted X of X and there is no evidence of a X a repeat X; further clarification is needed. Therefore, as the X is not supported, the need for X is no longer necessary. As such, the request for X is non-certified.

On X MD performed a UR. Rationale for Denial: Regarding the requested X. X are generally performed X. A X is not recommended if the X in complete resolution of symptoms or if there was no response. If there is several months of X. X may be considered for X after X. The Official Disability Guidelines do not specifically address X so X were referenced. According to the outside sources, X may be recommended for X that preserved X. In this case, there was denial as prior X were noted to have been X. An appeal was lodged. However, there is no X of a new clinical information verifying improvement in X. As such, the request for a X is

non-certified.

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

The request for X is not medically necessary. In this case, X were noted to have been X. Therefore, X does not meet ODG recommendations. As such, the request for a X is non-certified.

PER ODG:

Criteria for Steroid injections:

X should be used. X should be minimized or avoided X

· Diagnosis of X
· Not controlled X by recommended X
· Pain X with X
· Intended for short-term X to resume conservative medical management.
· Generally performed without X guidance.
· Only X should be scheduled, not multiple.
· A X is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response.
· With several months of temporary, X.
· The X should be limited to X
. Prior to X patients with X.

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 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

☐ PRESLEY 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)