

Vanguard MedReview, Inc.
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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 case was reviewed by a 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

X: MRI X by X. **Impression:** 1. A X is noted. No acute X is seen. 2. The X. 3. At X.

X: MRI X interpreted by X, MD. **Impression:** 1. X. X with patient's symptoms. 2. X changes X.

X: UR performed by X, DC. **Rationale for Denial:** Regarding X, the ODG recommend X and X. In this case, the records suggest that the patient has undergone X. More X has been recommended following X. A document for Dr X states that X patient has X. Shortly thereafter, on X, Dr. X noted that the patent had completed X. This quantity was approaching the X per the evidence-based guidelines. Although the

documentation does not clearly X. It does appear that the patient has X. Based on this information, the medical necessity is not substantiated. However, it should be pointed out that Dr. X made it clear in the peer discussion that the intent was to request X. X did not intend to request X. X was informed that I would clarify this in the report and X would contact the carrier to clarify the request. Therefore, my recommendation is to non-certify the request for X.

X: UR performed by X. **Rationale for Denial:** The ODG have been referenced in this case. The guidelines support up to X for the diagnosis in question. There is no support for X. In this case, the patient was injured in X with no clear X. Recommendation is for non-certification. The prior recommendation is upheld.

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

According to the medical records, the claimant is a X who was injured while working as a X. On X, the claimant was X. Diagnoses were X. The records reveal that the claimant has received treatment to date to include X. X with X has been treating the claimant since X. Prior to entering the X, it is noted that the claimant received treatment by a X, and X was co-managed by pain management clinic. The ODG guidelines recommends up to X for the diagnosis that has been submitted. After reviewing the medical documents that have been submitted, the claimant has had no documented extenuating circumstances, or intervening events that would support additional X. Therefore, this appeal for the request of X is not medically necessary and prior clinical decision is upheld. Recommendation is for non-certification.

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
- 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)