Applied Independent Review
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A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

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

☐
X

Patient Clinical History (Summary)

X was X. The X was X. The diagnoses included X.

X MD evaluated X. X was X. X had X. X had X. X had a X. X had X. X also had X. X had X. X of X. X had an X.

A X dated X. An MRI of the X. At X. X-rays of the X.

Treatment to date included X.

Per a peer review report X, the request for X was denied. Rationale: X, the claimant presented to X. X of the X. There were X. Therefore, X is not medically necessary."

Per a peer review report X by X and X was noncertified. Rationale: "This claimant presented to the X. A X at the most recent office visits. The MRI of the X. There was X. There was X. As such, the X would not be indicated. Therefore, the request X is not medically necessary."

A letter of appeal for X, MD was documented in the records. The X was denied on lack of evidence for X. X the ODG criteria for the indications as described. Dr. X complete X, or the ODG as outlined and proven. X met the ODG criteria because X.

Per a utilization review letter dated X and peer review report dated X by X, MD, the appeal request for X is not medically necessary. Rationale: “In this case, the MRI X. The exam findings showed X. The documentation notes X. There is X. The x-rays on X note X. As such, guideline criteria have X. Therefore, Appeal Request for a X is not medically necessary.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In review of the clinical findings, the claimant presented X. There was X. However, the claimant’s X. There is X. There is X. The current evidence-based guidelines X it is this reviewer’s medical assessment that medical necessity has X and the prior denials are upheld.

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 um knowledgebase 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 Médical **Literature** (Provide a description)

☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)