



Professional Associates, P. O. Box 1238, Sanger, Texas 76266
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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:

Board Certified in 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 X.

PATIENT CLINICAL HISTORY [SUMMARY]:

Per a X, the carrier disputed X. The carrier contended these X. They also noted the X. Dr. X performed X to X. The X were listed as X. X noted X was X. The X on X. When the X the X. The claim history was reviewed. Dr. X noted a X. X, and X were all

positive and X had X. Dr. X felt the X. On X, the patient was referred by X for X and X was then evaluated by Dr. X on X. It was noted after the X. X had X. X had X. Even X on X. X had X. X had X and X. Dr. X indicated the patient had X. Dr. X recommended X. A X request was submitted at that time for a X. The request for X. Dr. X addressed a letter To Whom It May Concern on X regarding the denial of X, which included a reference on X. On X, a request for an IRO was submitted.

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

The patient is a X. The mechanism of injury was getting X. The patient is now X. The only X. The diagnosis of X. Subjective X causing symptoms was reported by Dr. X, although X reported X. The request was non-certified on X, M.D. on X. X spoke with Dr. X and noted X. X also X. X non-certification was upheld on reconsideration/appeal by X, D.O. Both reviewers cited the evidence-based ODG as the basis of their opinions.

The ODG note that X is not recommended for the X. In addition, X is recommended for the following X treatments. 3) X. The ODG notes that it is not recommended for treatment of X. It is also not recommended for X. No X. X are X. X at X. X use X. X or X are X. X There may be a X. X in the X. X The request, as noted above, does not meet the ODG criteria and the patient has an X. Therefore, the requested X or supported by the evidence-based ODG and the previous adverse determinations should be upheld at this time.

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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY 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)