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An Independent Review Organization
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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: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was X. The injury was sustained due to a X. X was diagnosed with X. Per a X note dated X was X. X also had X. The X was X. X had X. X demonstrated X. X and X were X. X was seen for X. X was X. On examination, X. There was some X. X did X. X was discharged from X. X was seen by X on X for a follow-up of X. X noted X. Examination of the X. X and X. X and X were X. X with X and X. X and X. X was X. On examination of the X. X had X. X revealed X. X with X and X. X and X. An MRI of the X showed a X. There was X. X had X of the X. There was X. X had X. X had X in the X. The treatment to date included X. Per a Peer Review dated X and X, the request for X was denied by X, MD. Rationale: "The X sustained an X. The injured worker was X. According to the documents provided, the injured worker has X. The injured worker is X. According to the X the injured worker has a X. There is a X. Currently, there is X. The X is not medically necessary." Per and Adverse Determination letter X and peer review X, the prior denial was upheld by X MD.

Rationale: "There is X is being required over the X. There is X. Thus, the requested consideration for X is not medically necessary."

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

The ODG supports up to X following a X. The ODG supports X for those that are X. Based on the clinical documentation provided, the X. The submitted documentation does not indicate that the injured worker was X.

Based on the ODG recommendations and available information, X were not medically necessary and therefore the request is upheld.

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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL