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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 injured on X. X was X. The had X. The diagnosis was X. Per an office visit dated X by X, MD, X presented with X. The X was X. Examination X. Dr. X opined that X could have some X. Consideration might be made for an MRI of the X. X-rays X. The MRI X demonstrated no evidence of a X. The X. There was some questionable X. An X of the X. Treatment to date included X. Per a Notification of Adverse Determination dated X, the request for X was non-authorized. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified. Per evidenced-based guidelines, MRI should be reserved for X. Imaging is X. In this case, X, MD dated X revealed X. A request for X was made. However, there were no X on the most recent office visit to support the necessity of the request. Pending this information, the request is not yet supported at this time." Per an Appeal Determination dated X, the appeal request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this

request is non-certified. There were still no X on the most recent office visit to support the necessity of the request. Pending this information, the request is still not yet supported at this time. Prior determination is upheld.”

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per a Notification of Adverse Determination dated X, the request for X was non-authorized. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified. Per evidenced-based guidelines, X. X is not required for patients who are X. In this case, X by X, MD dated X revealed X is identified. A request for X was made. However, there were X on the most recent office visit to support the necessity of the request. Pending this information, the request is not yet supported at this time.” Per an Appeal Determination dated X the appeal request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There were still no X the necessity of the request. Pending this information, the request is still not yet supported at this time. Prior determination is upheld.” There is insufficient information to support a X non-certification are upheld. There is X. There is no X. The submitted objective findings note that X. There is no clear rationale provided to support the request at this time.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision 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