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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. X was diagnosed with X. X was seen by X, MD on X for X. The pain was X. The X factors included X. The X factors included X. X had X. X examination revealed X. X of the X. The X was X. X of the X. X had a X. X examination showed X. X x-ray dated X. An X demonstrated a X Treatment to date included X. Per a utilization review by X, DO on X, the request for X was noncertified. Rationale: "Official Disability Guidelines recommend X. The guidelines further state that X. The documentation provided detailed that an X. There was a X. However, the documentation provided X. Due to the date of injury, X would not be X. I spoke with the treating provider and it was discussed that the patient had a recent injury with a X. It was recommended that a X. As such, the request for X is noncertified. Per a utilization review by X, MD on X, the request for X was noncertified. Rationale: "Understanding the X. Therefore, when noting the specific criterion outlined in the Official Disability Guidelines for X. This standard has not been met; therefore, this is not clinically indicated. Peer discussion was not achieved."

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

The ODG recommends X. The ODG recommends X. The ODG recommends at X. The provided documentation indicates the injured X. The X examination findings included X. An MRI X showed a X. When noting that there has X.

Based on the provided documentation and ODG recommendations, X are not medically necessary. Recommendation is to uphold the prior denials.

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