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Notice of Independent Review Decision

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:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X was injured at work on X, X according to the medical documentation provided. X that, the patient had undergone X and X at X. X, the patient X had X, but developed X. The patient did not have X until the X. The patient was evaluated by Dr. X on X, complaining of X and X. Physical exam demonstrated the patient's X with X and X. Dr. X reviewed the X history of X on X, as well as X. Physical exam documented X. X examination was X. X and X tests were X. Dr. X took X on that date, demonstrating X and noted that X. X ordered X, which was X. The X demonstrated X. No X was noted, although there was X. The patient returned to X on X and now noted the patient's X. No X examination was performed, including X. X studies were allegedly done at that visit, demonstrating X and X. Dr. X reviewed the X and spoke with the X, determining that the patient X. X recommended X.

The initial physician advisor review on X recommended denial of the request for X, citing X. A peer-to-peer conversation was apparently attempted, but not completed. Dr. X followed up with the patient on X, documenting the same physical examination as previously, except now there was X. A second physician advisor review on X recommended non-authorization of the requested X citing the Official Disability Guidelines (ODG) and the lack of "specific objective clinical data demonstrating a X,

such as X." Two attempts were made to complete peer-to-peer conversations with the requesting physician but were apparently not successful. On X, Dr. X again followed-up with the patient, documenting the same X.

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

The physical examinations of this patient that have been documented by Dr. X clearly and repeatedly demonstrate the X. Subsequent to the initial physical examination documentation, the patient allegedly has X. Given that discrepancy, as well as the complete lack of any other evidence of X, the diagnosis of X is not clearly verifiable or demonstrated. X are indicated to treat X manifested by X in X, consistent with X. This patient's X studies do not demonstrate any X. Therefore, given the overwhelming lack of physical examination evidence of X, as well as the absence of X, the requested X is not appropriate, medically necessary, or in accordance with the ODG guidelines. Therefore, the prior two recommendations by two separate physician advisors for non-authorization of X are 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)**