IMedReviews
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Notice of Independent Review Decision

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who sustained a work-related X. X has X. X had X on X and then more recently in X. The recent X is said to have helped somewhat but there is not documentation of the procedure or outcome specifically in the notes. There is also not documentation of what level this recent X was done at. X MRI from X showed prior X. CT of the X was done X and showed X. This results in X. There is noted a X. There is X.

The most recent clinical note from X and the resubmission request X state that the patient was doing fine since X surgeries until X when X had recurrence of X pain and X pain X. X had X. This occurred without new injury. X has been treated with X. X is reported to have X. In the X has objective X. The plan was to do the X at X to help X pain and allow for X.

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

Per ODG references, the requested "X" is not medically necessary. This request has been previously non-certified due to not having documentation of adequate response from X. There does not appear to be any new documentation addressing this in the current resubmission. Clinically and radiographically the patient meets the criteria for a X but not for a X due to the lack of documentation of adequate response. If further documentation of this could be provided then that could affect the decision. As is I agree

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with the prior determination that the current request of an X should be non-certified.

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 KNOWLEDGE BASE
- ☐ AHCPR- 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

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☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

FOCUSED GUIDELINES