

Icon Medical Solutions, Inc.
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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: The reviewing physician is certified by the American Board of X.

REVIEW OUTCOME:

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

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury of X, while X. Treatment has included X and X. The claimants treating diagnosis is an X.

Per Dr. X, On X, claimant was seen for X which was X. Claimant reports to have continued to X. Overall, claimant had improved X and X. Claimant's X had continued to X that the patient did not require X, still has X and X. Claimant was continued on a X until approved for X.

X: Encounter Notes by Dr. X. X was seen in X and was X and told to X. States X still has pain in X. X is X or X.

X: MRI X showed a X. X has sustained a X.

X: Seen by Dr. X. Pain is X. States X pain has X. X and X. X x-rays. Pt to be X. Schedule X. X will be on X.

X. X is wearing X. Signs and symptoms consistent with X. Pain best X.

X: Office Visit with Dr. X states X. Pain at X. X is unable to X. X is in X but has X. X is X. X is not a candidate for X currently X. Continue X treatment currently. X must X before consideration for X.

X. Progressed into X. Progressed into X. X today.

X returns with X. X has worked X. Continue X.

X. Slowly X. Progressed X. X with X. X will continue to benefit from X.

X: Office Visit with Dr. X. Current medications- X. X is in X and is X. X pain X. States X is X. X of any X. X has X. X is in X and X. We will let X return to work. X. At this time, I do not feel that X will X.

X: Note. Reports X. X pain on X. Dr. X states X. X, support for X. Introduced X. X will continue to X.

X: Demonstrated near X.

X: Note. X. X has X. X has really X. X has X and Dr. X continued X is used or performed. X. Overall, X has X. X has continued to X.

X: UR by Dr. X. Rationale- X is nearly X of injury to X. X was X and X. There were no X noted. Records reviewed did X. Request is not supported.

X: UR by Dr. X. Rationale- The medical case document that this X has been instructed in a X. A X or X for X rather than X is not apparent. If such additional X were X, it would X. Not certified.

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

The previous adverse decision is Upheld. This patient injured X, when X. X demonstrates a X. The patient has had X, which has included X and X. X currently has X. X has recommended X. The Official Disability Guidelines (ODG) recommends X. This patient has X. At this point, X can X. Additional X for this patient is not medically necessary. Therefore, the request for X is denied.

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
- PRESLEY 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