

MEDRx

530 N. Crockett #1770 Granbury, Texas 76048
Ph 972-825-7231 Fax 972-274-9022

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 reviewer is a Medical Doctor who is board certified in X

REVIEW OUTCOME

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a X. Patient has been X. As X returned to X. X pain X from X. X often X. X often X. Past medical history includes X. Current medications include X. X examination dated X showed a X. The pain was described as X. There were constant X. There was X. On X examination, there was a X and X. There was X and X. The recommended treatment plan included X.

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

The request for X is not medically necessary. According to the Official Disability Guidelines, X are not recommended for X based on a lack of quality studies and should only be considered as X for X of X. There should be evidence that the diagnoses have been ruled out with documentation that the X have been X. There should be documentation of X. X is not recommended due to a lack of supportive evidence. According to the X and is used in a wide variety of examinations and procedures to diagnose or treat patients. In this case, the patient reported X. Additionally, there was a X when compared to the X. Furthermore, it was noted that the patient had X. However, this request was previously denied as there is no documentation of X. The additional documentation provided for this review did not address the previous X for denial and medical necessity for the requested procedure has not been established. As such, the request for X with X is not medically necessary and is noncertified.

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**
- 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**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**