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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:**

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.

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was apparently involved in a X. On X. X revealed X.
X and no significant findings. On X, the patient was seen for

continuing X for X with a X. On X, a X was performed, X and X. The patient followed-up with X, now complaining of X. X pain level however was X. X, on X, the patient was seen by Dr. X for follow-up of X to the X. The patient's body X with a X of X and a X. Due to continuing pain, Dr. X recommended continued X for the X and follow-up with an X. On X, however, the patient was seen by Dr. X for a X. The X on that date documented X. X examination documented X. X test was X. X was X with X. Dr. X ordered X and X, which were performed on X. The X demonstrated X with no X. Only X and X was noted. The X and X.

Dr. X followed-up with the patient on X, documenting exactly the same X and X. X of X. Dr. X recommended X. An X recommended non-authorization of the request for the X. After speaking with Dr. X, who confirmed to the advisor that X planned to use X and X, the advisor noted that made it a X. X noted that Official Disability Guidelines (ODG) did not support the use of X, as well as the X revealing X. X opined that X was not consistent with X. Dr. X then followed-up with the patient on X documenting now a X and the same X complaints. X examination was X. X again recommended X and X. On X, Dr. X followed-up with the patient, documenting X. X examination was also X. X performed an X. On X, Dr. X followed-up with the patient, documenting exactly the same X complaints, but allegedly a X. However, X pain X. X again documented X. A second physician advisor reviewed the request for X and discussed the case again with Dr. X. The advisor noted that Dr. X planned to use X and the ODG caution of using X as X. Dr. X, however, still planned to use X prompting the advisor to recommend non-authorization. Additionally, the advisor noted that the use of X, not diagnostic, procedure. On X, Dr. X followed-up with the patient, now documenting a pain level of only X. X examination was exactly the same as previously, as were all pain complaints. X noted the

patient's X as X and a X of X and X planned to appeal the denial of the X.

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

This patient has consistently complained of X based on the documentation provided. That, alone, X, as they are not indicated in a clinical situation where X pain is present. Moreover, the X examinations have consistently and always documented X with X. Therefore, and as stated by the physician advisor, these findings are not X where Dr. X alleges there to be X. Additionally, the X MRI scan X and X. Therefore, for all of the above-mentioned reasons, the request for X and the X is not appropriate, medically necessary, or supported by the ODG. The prior recommendations for non-authorization by two separate physician advisors are, therefore, 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)