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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: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an X on X. X was X. X was X and X. X reported it was X and X. X reported X. The diagnoses included X. X was seen by X, MD on X for pain in the X. The pain X. X reported that X and X. X was X. On examination, X. X had a X. X had X. X also had X. X had X. X for X. A X was performed on X by X to determine X. Consistency of effort results obtained during the testing, indicated significant X and X and X. X results obtained during the testing indicated X results were based on X. X demonstrated the X. X was able to X. X to X. X were evaluated, and X. X testing indicated X demonstrated an X. X demonstrated the ability to X. Constantly, X showed above X. Regarding X, no X was available, but the X for a X was a X. And according to testing, X met the criteria for X. However, X reported X had to X at X job. X did not X, according to X. A X evaluation was performed on X by X PhD regarding treatment planning, in particular, whether referral for X would

be appropriate at the time. The X ranges. The Screener and X, indicating a X. The X was X, indicating a X. It was summarized that the pain resulting from X injury had X and X. X reported X. The pain had reported X. It was opined that X would benefit from a X. It would improve X ability to cope with X. X should be X and X. The program was staffed with X. The program consisted of but was not limited to X. Those X would address the ongoing problems of X. On X visited Dr. X. Examination was unchanged. An MRI of the X showed X and X. A X were noted. An MRI of the X on the same date X. The X and X. An MRI of the X and X. An MRI of the X. The X were patent. At X there was a X that indented the X and X. At X. At X. The X. Treatment to date included X. Per the physician advisor report by X, MD on X, the request for X was non-certified. Rationale: "Based upon the available documentation and noted guidelines, it is not recommended approval for the requested X as reasonable or medically necessary. A recent assessment of X requirements to determine if X did not need X. Recommend non-certification of the request for X. An appeal by X Dr. X and Dr. X MD on X documented that the reviewer denied the X Program due to the fact that X. It also stated though in the X, "Patient is X and X stated X." X could not perform X. Per the physician advisor report by X, MD on X, the appeal request for X was non-certified. Rationale: "The Official Disability Guidelines states that X are recommended for patients with conditions that have resulted in X. There should be evidence that the patient has a X, with evidence of X. There should be evidence that previous methods of treating X have been unsuccessful. The patient should have an X. The previous request was denied, as the recent assessment of X with no report regarding the information on X did not meet certain X. The patient complained of X. The patient had X. Per a X, it was stated that the patient demonstrated the X. No X was available. The patient reported that X had X. The findings of the evaluation noted that X could X. It is unclear that the patient's X. Per the X, the patient could X. Although the patient reported that X was provided to confirm the requirement. The medical necessity of the treatment has not been established. Therefore, the X are non-certified."

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

Based on the clinical information provided, the request for X and the previous denials are upheld. Per the physician advisor report by X, MD on X, the request

for X was non-certified. Rationale: "Based upon the available documentation and noted guidelines, it is not recommended approval for the requested X as reasonable or medically necessary. A recent assessment of X did not need certain X requirements. Recommend non-certification of the request for X." An appeal by X, Dr. X, and Dr. X MD on X, documented that the reviewer denied the X due to the X. It also stated though in the X Patient is X. X could not perform X. Per the physician advisor report by X, MD on X the appeal request for X was non-certified. Rationale: "The Official Disability Guidelines states that X are recommended for X. There should be evidence that the patient has a X. There should be evidence that X. The patient should have an X. The previous request was denied, as the recent assessment of X with no report regarding the information on X. The patient complained of X. The patient had X. Per a X evaluation; it was stated that the patient X. No X was available. The patient reported that X had to X. The findings of the evaluation noted that X could X. It is unclear that the patient's X. Per the X, the patient could X at a X. Although the patient reported that X job required X to be able to X, no clear job comparison was provided to confirm the requirement. The medical necessity of the treatment has not been established. Therefore, the X are non-certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. It is unclear why the patient has been X. There is no X submitted for review. The submitted clinical records X. There is no documentation of any X. The submitted X and evidence-based inconsistencies resulting in X and X. X of pain X. It is reported that the patient X according to the Dictionary of X.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES