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Review Outcome

Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified X

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

X

Patient Clinical History (Summary)
X who was injured on X. X was diagnosed with X.

X was seen by X, MD on X for X. X was on X at the time. On examination, X had X at the X and the X.

An appeal letter by X dated X and X were included in the records.

X showed a X. An x-ray of the X showed approximately X. Although it could be due to X, Per the note, there was the possibility of X. There was no evidence of X.

The treatment to date included X and X without any significant improvement.

Per a Utilization Review by X, MD dated X, the request for X was noncertified. X: “Per ODG, X are not recommended to X. There is no diagnostic role for X in the evaluation of X. In this case, pain is X. There are no documented X to support an exception to the guidelines. X is not shown to be medically necessary.”

Per a Utilization Review by X, MD dated X, the request for X was noncertified. X: “The submitted records document ongoing X. X had X on x-ray of X. X still has X especially X, and has tried X. There are no documented findings suggestive of X. The request was previously denied on peer review and there was no additional clinical evidence submitted to support reversing the prior determination.”

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 position is not recommended as medically necessary, and the previous denials are upheld. Per a Utilization Review by X, MD dated X, the request for X was noncertified. Rationale: “Per ODG, X are not recommended to treat X. There is no diagnostic role for X in the evaluation of X. In this case, pain is X. There are no documented X to support an exception to the guidelines. X is not shown to be medically necessary.” Per a Utilization Review by X, MD dated X the request for diagnostic X was noncertified. X: “The submitted records document ongoing X subsequent to a X. X had X on x-ray of uncertain significance. X still has X especially X. There are no documented findings suggestive of X the requested X. The request was previously denied on peer review and there was no additional clinical evidence submitted to support reversing the prior determination.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient’s physical examination X. There is no documentation of a X in a X. There are no X results submitted for review. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. Given the documentation available, the requested service(s) is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)