

AccuReview

An Independent Review Organization

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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:

This provider is board certified in 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: by X, MD. Impression: 1. Incompletely imaged X. This may be X. A X is not totally excluded. Recommend X for further evaluation. 2. X of the X and X. 3. X and X. At X, there is X with X. X with X. 4. Other levels as detailed above.

X: MRI X by X, MD. Impression: X. Possible X. No X or X.

X: X Note dictated by X. X under X guidance and X performed with X.

X: Note dictated by X, MD. CC: X. X at X and X. X has had X. X underwent X by Dr. X, which gave X. Pain described as X and X. X, Medications: X. X: has X. X noted as X and X. X to X with X. X has a X. X. Recommendation: MRI findings are X, therefore would not recommend X at this point and continued X.

X: Chart Update dictated by X, requested another X. Symptoms are X and X with continued X. Pain X and X. X to X. Comments: X with X and X. X. Assessment/Plan: X. Impression: further evaluation of claimant showed X continued to have X. Claimant reported X for X but has X, and reported X. Given the MRI finding of X as well as X and X, recommend most X on the X if X will X Plan: recommend X.

X: Procedure Note: X of the X guidance under X dictated by X.

X: Office Visit dictated by X. X pain reported X, yet X. X reported after X of and X. Requesting X. Assessment/Plan: X: claimant has X and X and X. X reported at least X the day of X, claimant still with X. Recommend repeat X.

X: Office Visit dictated by X, DO. X, reported X and reported X, occurring X. Current pain X. X than the X is with X. Comments: X and X. X with X and X. Assessment/Plan: X: claimant has X treatment of X and X. Recommend repeat X.

X: X dictated by X. X and X. Claimant reported X noted an X in the X but reports it has X and admitted X has not been as X. Claimant reported X and X. Pain X, at X and X. Special Test: X. X: excessive X noted. X: min limited in X. Return from X with X as opposed to X. Claimant presented with X with X with X but has X. Progress Summary: visits to date: X Claimant X an overall X. Claimant reported the X had improved for a while following the X but has X and X and X. Recommendations: claimant discharged from X at this time with X.

X: UR performed by X, MD. Approval for X guidance.

X: Chart Update dictated by X, claimant stated X was X and has X. X: unchanged. Assessment/Plan: Claimant has X treatment; X is recommended as previously discussed.

X: Operative Report dictated by X. Procedure X guidance under X.

X Office Visit dictated by X. (Handwritten notes: claimant received X from X with continued X. Assessment/Plan: Claimant has had X and therefore recommend treatment of X.

X: UR Referral Form dictated by X. Request for X and X.

X: Encounter dictated by X. Medications: X. X, complained of X. X of X: X is not noted at the X. X, pain is X. X: none noted. X: X report requested by carrier X. The claimant was seen by Dr. X on X, reported pain X and is requesting a X. X will continue X. Discussed X for the X, claimant declined reporting a X and X is on X, but currently X.

X performed by X, MD. Reason for denial: Regarding the request for X. There must be X confirmed by a X with X for the X. It is indicated after X. In this case, the claimant complained of X to the X. The claimant reported X. The prior treatments included X, and X. Upon X, there were an X and X. There was X. The assessment noted the claimant reported at X on the X. The claimant had X. However, there is X clinical findings consistent with X to X. Additionally, it is unclear if the claimant did not have X. As such, the request for a X is non-certified.

X Referral Form dictated by X, DO. Appeal request for X.

X performed by X, MD. Reason for denial: This request is for a X. The mechanism of X. X noted in the documentation included X and is noted to be a X. There are complaints of X. The X examination noted X and X with X, only showing X. However, this is X. Claimant is currently X. Clinical record dated X indicated X. There is a handwritten note X was X. It is reported there was X is not objectified. Per ODG, there needs to be specific X. No specific X are presented establishing X. Furthermore, the X must have a X. Given the X in the progress note, this is questioned. There also are complaints of X which would indicate X. Lastly, is it not clear what formal plan of additional evidence-based X is in place for this individual. As such, when noting each of the X in the ODG, X by modified clinical record

presented, there is insufficient objective information presented to support this request. Recommend non-certification.

X: Letter of Reconsideration dictated by X. Requesting reconsideration for the request for X due to the following: X; 2. X does X; and 3. X has X. Per X last approval X did meet the criteria with all the clinical notes submitted, which is concerning as now it is said that X does not meet the criteria to have a X with the same clinical notes. Upon X last visit X presented with continued X. On examination X is having X. X does meet the criteria to have X per X clinical notes. Please reconsider this request to appeal the denial and proceed with the requested X and get X.

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

The request for X is denied. This claimant continues to have X following a course of X, which has included X and X. X MRI identified X and X changes. The X demonstrated X. X has completed X procedures, with X. The claimant reported X office visit. The X for X was discussed at this visit. The treating physician has recommended X. The Official Disability Guidelines (ODG) supports X for patients with X who have had a X. This procedure is not indicated in patients with X. Therefore, X does not meet ODG criteria for X, since X has X. This claimant has reported X and that X is taking X. X has completed an X as well. X also has X which may be the primary source of X. It is concluded that the request for X is not medically necessary. Furthermore, after reviewing the medical records and documentation provided, the request for X is non-certified and 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 GUIDELINES (PROVIDE A DESCRIPTION)