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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 with date of X. X was diagnosed with X. X was X when X.

On X, MD evaluated X for a follow-up. The X. The X was X. The ongoing X. The X was X. X factors included X. X factors included X. X had X. X helped a little. X had X. The X was X. X had continued to do X. On examination of the X. There was X. X test was X.

Per records, an MRI of X showed a X. There was a X. There were X.

Treatment to date consisted of X.

Per a X determination letter dated X, MD non-certified the request for X. X: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There were X submitted for verification. Lastly, it was not presented that the patient would X.

A X determination letter X was completed by X, MD. The request for X was non-certified. X “This X on X. No X is clearly stated. The reported condition is considered X. A request for X was made. The following are important considerations X. The request is non-certified for the following reason; patient does not X not objectively established.”

Per a reconsideration letter and peer review dated X, X, MD upheld denial for X. X: “There is not X documentation of X to meet criteria. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. Criteria used in analysis (Guidelines I Screening Criteria); Official Disability Guidelines Treatment Index, 25th Online Edition, 2020; X and X Chapter X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

X are a common X. However, the X has clear guidelines for the performance of the procedure. These include the demonstration of X. Unfortunately, as demonstrated by the 3 prior utilization reviews described above, the necessary documentation in support of the procedure are lacking. There are no exceptional factors that warrant going outside the 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)