

AccuReview

An Independent Review Organization

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[Date notice sent to all parties]: X

IRO CASE #: X

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: MR X dictated by X, MD. Impression X. Moderate X is noted. At X is present. Further X evaluation is required.

X: Office visit dictated by X, MD. CC: X. X. Reported X. X: X. X: X.

X: MRI X dictated by X, MD. Impression: 1.X. 2.X.

X: CT X dictated by X, MD. Impression: X.

X: Follow up Visit dictated by X, MD. CC: LBP. Claimant has a history of X. X reported the pain is X. X is also X. Reported X. Pain described as X. Today pain X. Pain is aggravated by X. Only alleviated by X. Active Medication List X. DX: X. Continue to present for X. Further needs of X will be determined after evaluation.

X: UDS at X dictated by unknown. X.

X: X, Two Views dictated by X, MD. Impression: X.

X: Follow Up Visit dictated by X, MD. CC: LBP. Claimant reported that X. Pain is X. X is very X DX: X. Plan: X.

X: CT of X dictated by unknown. Impression: X.

X: Follow Up Visit dictated X, MD. CC: LBP. Claimant reported X. Dr. X recommended X. Claimants' insurance continues to decline this service. Claimant also complains of X. Plan: X. May proceed with X if approved. Stay X.

X: Requested services dictated by X, MD. Claimant is X. Despite X. To exhaust all X.

X: Office Visit dictated by X, MD. CC: X. Continue X.

X: Follow Up Visit dictated by X, MD. CC: X. X reported that the X. X may require X.

X: X Only dictated by X, MD. Impression: X.

X: Office Notes dictated by X, MD. CC: LBP. X. PE: X. Plan: X. To further evaluate,

we require X.

X: MRI of the X dictated by X, MD. Impression: X. X.

X: Follow Up Visit dictated by X, MD. CC: X. Unfortunately, X insurance continues to decline requested X. X has been referred to another X who is willing to perform the X. X in symptoms. DX: X. Plan: X.

X: Office Notes dictated by X, MD. CC: X. PE: X. In the X that are X. The X remains X. Plan: Claimant is X. It is imperative that a X.

X: MRI of the X dictated by X, MD. Impression: X.

X: Office Notes dictated by X, MD. CC: LBP, X. PE: X. Plan: claimant is X. X. The claimant is interested in X. Will resubmits for approval.

X: UR performed by X, MD. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced, this request is not certified. There is X. A thorough X assessment was not submitted. Clarification is needed regarding the request and how it might affect the claimant's clinical outcome.

X: Follow Up Visit dictated by X, MD. CC: X. X has been referred to another X. Pain is X. PE: X. DX: X. Plan: X.

X: UR performed by X, MD. Reason for denial: Based on the clinical information submitted for this review and using the ODG guidelines, this request is non-certified. Evidence of X. A thorough X assessment was not submitted. Clarification is needed regarding the request and how it might affect the claimant's clinical outcome.

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

The previous adverse determinations are upheld and agreed upon. The request for a X is denied. This claimant underwent a X. X continues to have X. The X has demonstrated X. The X MRI X identified X. X disease was also identified at X. X

condition has not improved with X. The treating physician has recommended a X. The Official Disability Guidelines (ODG) does not support X. However, this test can be used as a screening tool for surgical decision making. However, the claimant has X. At this point, I would recommend X study to determine the source of the patient's X. X may be a candidate for X. Prior to further X, X will require a X evaluation. At this point, X does not require X, as it is not medically necessary. Therefore, after reviewing the medical records and documentation provided, the request for X is not medically necessary 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)