AccuReview
An Independent Review Organization
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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 with over X years of expertise.

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: Visit Note dictated by X, NP. CC: EE presented today with X from work injury DOI: X. X pain reported with X. X reported X. Claimant has a history of X. X: X: X. PE: X: X: X. A/P: X. F/U in X, modified X given and will send for MRI to clarify extent of injury.

X: X X-Ray dictated by X, MD. Impression: X. X.

X: X MRI X, MD. Impression: 1.X. 2.X. 3. X.

X: X MRI X dictated by X, MD. Impression: 1.X. X. 2.X. 3. X.

X: Progress Notes dictated by X, MD. CC: X pain. PE: X: X. X: X. X: X. Assessment/DX: X. Plan: Obtain X.

X: Visit Note dictated by X, NP. CC: X pain and X pain. X: X: reported X. X exam. A/P: X, MRI showed X. May X.

X: Progress Note dictated by X, MD. CC: X pain. X: X who presented for follow up of the X. X stated that the pain in the X. X does inform us that X has X. Pain in the X is X.X: X, X, X. X: X: X: MRI showed X. Assessment/DX: X. Plan: X. Add X.

X: Initial Evaluation dictated by X, PT. XX of X:X. Previous tx: X. X: X. Claimant was injured on the job when X. Assessment: The claimant was educated regarding their X. The claimant requires X. Overall X. X.

X: Progress Note dictated by X, NP. CC: X pain. Claimant stated having X. Claimant reported pain X. Current Medications: X. PE: X, minimal X. X. Assessments: 1. Other X; 2.X; 3. Other X; 5. X

X: Encounter Note dictated by X, MD. CC: X pain. Claimant presented with X. X was involved in X. PE: X, X. X. Assessments: 1.X; 2.X. TX: X ordered.

X: X dictated by X, MD. X Findings: X.

X: Progress notes dictated by X, MD. CC: X pain. Claimant has X pain that X. X reported X, R>L; reported X. PE: X: X. X. DX: Other X.

X: Preauthorization Request dictated by X. Requesting preauthorization request for X. The medical provider, Dr. X, has requested this treatment because there is an X. The claimant's symptoms are X. The clinical indication and necessity of this X have

been sent for review. The goal of this reasonable and medically necessary X, which is consistent with the ODG, is to provide X.

X: UR performed by X, MD. Reason for denial: At the time of the initial use of the X, new onset episode, a X should be administered. A X is not recommended if there is inadequate response to the X with an initial adequate response defined as pain relief and improved function of at least X for a minimum of X). Approval of a X requires documented response to the X. There should be X. In this case, the claimant has X. X showed evidence of X. There is no evidence of X. There is X. Therefore, X is not medically necessary.

X: UR performed by X, MD. Reason for denial: In this case, the claimant presented for complaints of X. The physical examination of X. The MRI of the X performed on X revealed X. There was X. However, there is no evidence that the claimant has X. Additionally, X are not recommended at X. As such, the medical necessity has not been established. Therefore, X is not medically necessary.

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 has X. X has X. X MRI demonstrates X. The X study suggested X. The treating physician and recommended X. The Official Disability Guidelines (ODG) supports X for patients with X. Candidates for X have X. The ODG recommends X. No more than X. X are not recommended. X are not supported by the ODG. The patient's symptoms and examination are X. There is no documentation of the patient's response to X. Therefore, there is no evidence in the medical records or documentation to warrant medical necessity for the requested X. Concluding, after reviewing the medical records and documentation provided, the request for X is upheld 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)