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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. The mechanism of injury was not available in the records. The diagnosis was X.

On X was evaluated by X, MD for X. The pain was X. The pain X. X was X and X had to X. Examination revealed an X. The X was X. X was X and X.

A X identified X and X.

Treatment to date included X.

On X, a utilization review denied the request for X. Rationale: "This claimant has X. The requesting provider states there is X. It is also unclear if X. Additionally, the Official Disability Guidelines only support a X. This claimant X. As such, the X request is not medically necessary."

On X, the reconsideration request for X was non-certified. Rationale: "Understanding that this X. Therefore, noting the X noted in the ODG, there is no clear clinical indication for this X. Therefore, this is not certified."

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

The claimant presented with X. The claimant did have a X. The X did note X. X were included showing any X. The current evidence based guidelines do not recommend X. There was X. No other clear X. Therefore, it is this reviewer's opinion that medical necessity for the requests is not established.

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
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- 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)