

MEDRx

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Notice of Independent Review Decision

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

The reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X

The reviewer disagrees with the previous adverse determination regarding the medical necessity of X

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X. X reported an X. X noted a X.

A review of the X. X was documented as of X. X reported X. X was X.

The X documented a X.

The X report X and X. X to X. X was X. X had X. X had X. Current X. X documented X. X was again noted. This was X. With X and X. X was X, but X was still noted. The diagnosis included X. X had a X with X. X had X. X had X because it was X. X was X. X had an X. X The X. X was X. X did X. X had X. The treatment plan recommended X with X.

The X utilization review determination indicated that the request for X was non-certified. The rationale stated that there were X. There were X.

The X report indicated that the patient X. X had X. The X submitted that this was a X. X also showed X. X was documented X. It was X. In either case, X had X. X was again recommended as X had X.

The X utilization review determination indicated that the appeal request for X was non-certified. The rationale stated that the X. Additionally, the presence of an X were X.

The X. X continued to X. Further X was X. X continued X. X had not been authorized for a X. It had been X. X had not been authorized for further X. The reviewer also stated that X. It had been clearly documented that X. This had been well-established and had been present from X. There was X that X had X. X had X. X was documented X. X had X. X was again recommended.

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

The prospective request for X is medically necessary. The denial is overturned.

The Official Disability Guidelines recommend X. Criteria include X with X. Clinical exam findings should include X. Imaging findings of X are required.

The Official Disability Guidelines criteria for X. X is not recommended as a primary treatment for X.

This patient presents with X. X and X are noted in X. Clinical exam findings have documented X. There is reported X. Detailed evidence of X has been submitted. Under consideration is a request for X. The Official Disability Guidelines criteria have been X. There is documentation of subjective complaints, X. The requesting X as indicated. There is X. The addition of X at the time of X. Therefore, this request for X is medically necessary.

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**
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

- PRESSLEY 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)**