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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 physician reviewer is Fellowship Trained in Pain Management and 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.

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now X with a history of X when the X was X. X has had X, including a X and X. X was seen on X by Dr. X for

X, at which X. It was noted X had X. Dr. X restarted X. Then, on X, the patient was seen by Dr. X. X noted that X had been X. X noted X was X. X noted that the X had been X, was replaced in X, and was X in X. X documented X and X. Dr. X continued all of the patient's X. Dr. X the followed-up with the patient X, noting that X was X. X again X. The patient was then seen by Dr. X, who noted that Dr. X was closing down X practice and that X needed a X. X documented X pain level of X. X noted X was X, but did not list X as current X. Dr. X also noted the patient was X. At that time, X stopped X and X. X, the patient was seen by Dr. X for the X with a X. The patient told Dr. X that X believed X. X documented X in the X. Dr. X recommended X. X did not provide any X.

An initial review by a X regarding the medical X was performed on X. In that review, the advisor noted the X. The physician advisor attempted a peer-to-peer discussion with Dr. X, which was X, and recommended non-authorization of the request. A second X and noted that X and was not recommended as a X for X pain. The advisor also noted that it was X. Further, X noted that the Official Disability Guidelines (ODG) stated that there needed to be X. The X completed a peer-to-peer discussion with Dr. X, noting that the use of X in the X. A letter, apparently from the X tried to justify the X, stating that "according to Dr. X has X. This is X. Furthermore, another letter dated X, apparently also from the X, stated that "according to Dr., X has X and that Dr. X and X. A X advisor reviewed the request on X, reaching the same conclusions as the previous two physician advisors. This third physician advisor noted the patient had X at X and that the requesting physician had X. The physician advisor stated the that the current request for X could not be authorized X. Further, the physician advisor noted that the ODG did not recommend the use of X, which is not among this patient's clinical conditions. The physician advisor attempted X to have a peer-to-peer discussion with Dr. X, but was unsuccessful.

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

X is not X. Furthermore, since this patient's X is, in all medical X, would be, more medically likely than X. Therefore, the request for X is, in my opinion, not reasonable, medically necessary, or in accordance with the ODG guidelines. The prior physician advisor recommendations for non-authorization for this medication are upheld. There is X provided by the requesting physician for the X. Since the ODG guidelines require that X. Moreover, there has X, further casting doubt upon its effectiveness and medical necessity, according to the ODG. Finally, X. Therefore, there is no documented medical reason, medical necessity, or indication for X nor any ODG support for such. Therefore, the requested X, medically necessary, or in accordance with the ODG and therefore, the prior adverse determinations are upheld at this time.

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 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)