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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:**

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]:

Dr. X examined the patient on X. On X, moved an X. The X. X had X and X. X had X and X and an X. On exam there was X and X. There was X and X. There was X and X. A X. X also X. Dr. X then performed a X. On X, the patient informed Dr. X that X. X was now having X. X continued on X. X also continued to do X. X exam X. A X was recommended. The patient noted on X that X. The X was again recommended, which was X. The procedure was a X. On X, the patient X. X had also X by Dr. X with a X. X on the X. It was noted here X. It was noted X would X. X were continued. It was noted on X that an X and it was noted X would X. X exam X. On X, it was noted that the patient had X. X did have an X but X. X had been X. X was X. It was noted they had been denied a X and X would be seeing Dr. X. Exam X. X at that time. X would be X as well. On X, it was noted again that X was denied another X and would be seeing Dr. X. X exam X. X were X. On X, it was noted that the patient was X. X noted X and X was X. X to X. X exam X. X as well as Gabapentin.

X was X. X had switched X. Exam X. It was noted here that X. On X continued to X. X had X. X was X. X had X. X exam X were X. X and X other X. As of X, the patient indicated X. X continued, as well X. X was X with Dr. X and Dr. X. The patient X. X then X. As of X had X. X was X. X also continued X. It was noted X could X. The patient then X. X received X. On X pain was X. X reported that on X pain X and X could X. Dr. X examined the patient at X. Here it was noted an X. The patient was X. On X, the patient X. X had X. X also continued X. X and X would X. A X note was provided on X. X pain was X that X. X stated X. X in the X and there X. X was X. Dr. X continued X. Dr. X then X. On X, the patient X. It was noted X had been X. X had X.

A X was then X and revealed a X. There was X. At X, there was a X was noted. Along with X. The X. The patient X. X had X. A X was recommended. On X, an X. On X. On X, it was noted that Dr. X had X. The patient had X and X. X now X. X wanted to X, but X. A X with X was recommended. The X. X, as well as X.

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

The patient X and then on X. X then X. On X noted X had. The ODG does X. The patient has X. The ODG also X. Furthermore, the ODG X. The ODG references indicate that, if the X. The patient X. The requested X is not appropriate, medically necessary, or supported by the ODG and therefore, the previous 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**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)