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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: Board Certified X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:
X who sustained a X. The mechanism of injury was described as X. X was diagnosed with X. X a X. X reported X. X, but X. X stated that X had X. X did notice X, but X knew that X. The X. X and X. X was X. X had X. X was X. On X of the X. X of X. X, and X. It was X. There was X with X. There was X. X visited X, MD on X. It had been X. X was X. X with X. X was X. X could X. On examination of the X, there were X. The X and X. X, and X. X was X. X-rays revealed X. Dr. X recommended X. Treatment to date included X. Per a utilization review decision letter dated X was denied by X, MD. Rationale: “Patient had a X, and has X guidelines recommended X. ODG recommends a X. Patient has X and X. X with X. X identified. As presented, request is not supported by guidelines. X in recommended X”. Per an Adverse Determination Letter dated X, the prior denial was upheld by X, MD. Rationale: “Based on the clinical information provided, the X is not recommended as medically necessary. The initial request was X. ODG recommends a X. Patient has X. Case discussed with X. There is X to X, and the previous non-certification is

upheld. The patient's treatment to date has exceeded guideline recommendations. When X should be noted. There are X. The patient has X and X.

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

The ODG supports X. The documentation provided X. The X. An office visit on X. A X evaluation on X documented X. There is a request for X. Given that guidelines have been X would not be 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

☐ 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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL