

Icon Medical Solutions, Inc.
518 BRYSON AVE
ATHENS, TX 75751
P 903.590.0994
F 888.663.6614

DESCRIPTION OF THE :

X

IN DISPUTE:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: The reviewing physician is board-certified by 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]:

Claimant is a X. X was diagnosed with X. Claimant has X. In X, the claimant has X.

X MRI of X and X, associated with X. The X was associated with X.

X with Dr. X claimant X and X and X. On examination X had X. X with a X and X. X had X, pain with X with X. Diagnoses was X with X.

X: UR Rationale determined not medically necessary because claimant has X, along with X. Therefore, an X.

X at visit with Dr. X reported X pain of X. Prior treatment included X. On exam, X and X.

X: UR Rationale determined not medically necessary. The injured worker's X. However, there is X. X is not recommended and there is no record of X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The previous adverse decision is Upheld. Based on the records submitted and peer-reviewed guidelines, the request is non-certified. The claimant's signs and symptoms are potentially explained by X. Additionally, the claimant has X. Also, there is no record of extraordinary circumstances that would X. X is not recommended and there is X as to require the X. Therefore, the request for X is considered not 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
- PRESLEY 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)