

MEDRx

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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 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 agrees with the previous adverse determination regarding the medical necessity of:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who sustained an X. The mechanism of injury was X. X sustained a X.

A review of records indicated that the patient was X. Past medical history was X. X that the patient was a X. X had included X.

The X documented X. There was X or X. At X there was a X. At X there was a X. At X there was a X. X at X of the X. X at X of the X.

The X documented a X. Current medications included X. It was noted that the patient was having X. X could not X. X had not had any X. X documented X. X documented X. The X was reviewed and showed X. X had a X. The diagnosis included X with X. The treatment plan recommended X.

The X report concluded that the X.

Authorization was requested on X.

The X utilization review determination indicated that the request for X stay was denied. The rationale stated that there was X presented to X. There were X submitted to X. There was also X.

The X utilization review determination indicated the denial of the request for X stay was upheld. The rationale stated that evidence of X could not be fully established as there X.

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

The prospective request for X is not medically necessary. The denial is upheld. The Official Disability Guidelines state that X is recommended when required X. Guidelines also recommend X. Findings require evidence of: X. Imaging findings require one of the following: X.

This patient has a X. X is X. Clinical exam findings have documented X. X had included X. X for X is noted. X is noted to be a X. Under

consideration is a request for X. In this case, guideline criteria have not been fully met. The most recent X submitted for review is dated X. There is X. There is X as recommended in the X report submitted for review. There is X of X. There is X. There is X. Therefore, this request is for X stay is 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**
- 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)**