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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO
REVIEWED THE DECISION:**

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

A X of the X revealed a X and X. There was X. A X was noted.
The patient was noted to X and X. X had had X, including X, and
X had X. X also had X and X. X in the X and X. X was

recommended at that time. Dr. X then examined the patient on X and X had X. X pain and X or X. X had X a X. X noted X had had X and X. X was X and X. X had X. X and X were X. X and X would be continued. The patient was seen by Dr. X on X and X. Here X was X. X in the X and X. X were performed at that time. X would follow-up in X for X and to X. The patient noted on X that X and X had X, but then it was X. X were continued. As of X, the patient reported X. X was X and X. X, and X were continued, and the patient would return in X. Dr. X followed-up with the patient on X and X and X. X had not been X. X had X. X was X and X. X and X were recommended at that time and orders were submitted on X. Notifications of adverse determinations for the requested X were reviewed.

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

The patient is a X with a date of injury of X. X has a documented history of X. The patient has also X. X has also had X. The patient was evaluated on X and it was noted that the patient X. It was reported X. X findings included X. The requested X were non-certified on X, M.D. on X. Dr. X non-certification was upheld on reconsideration/appeal by X, M.D. X attempted a peer-to-peer X. X the evidence based Official Disability Guidelines (ODG) as the basis of their medical opinions.

X are recommended for X associated with X. When X is indicated, studies have not supported X. It is not recommended for X. The criteria for the X includes the following: X. X is not recommended. X with any X are not recommended. X with X when all the following criteria are met: Documentation of X with X, as well as X. X should X. There should be documentation of continued X is not recommended. If pain X, the X should be X. X

include X. For X and X it is not recommended. Evidence for X used as a X regardless of X.

X include the following: X. That is an X. X: X and X. X develop X. X result from X. The main goal is to X and X. X may also be X. X have been X. The X may be that they X. The primary goal of X and X. X are not recommended in the X, as noted above. The medical documentation available for review does not document a X. In addition, the requesting provider has not documented X. Therefore, the requested X, medically necessary, or supported by the evidence-based ODG as discussed above and 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

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)