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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:**

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 revealed a X. There was a X at the X. X, M.D. examined the patient at X. X and X and X. X was put on hold and X was referred to an X. Dr. X examined the patient on X. X was injured on X when X was X. It was noted X sustained a X also. X had had X and X. X had X. X MRI was X. X was noted to X. X was X. X was X. The area of X and X. There was X noted and there was X. The X and X. Dr. X indicated that also of note was X. It was noted a X was X. It was noted X was X. A X, and X. An X was also recommended. Based on the X, the X. The preauthorization request forms noted the X. On X provided a non-authorization. The patient then followed-up with Dr. X. It was noted X was X had been denied. It was also noted X was X. X exam was X was discussed. It was noted the reviewer wanted more X, despite Dr. X noting the patient had done so. The X was again requested, which X. As of X, Dr. X noted the X denial was based on the need for X, which Dr. X disagreed with. X noted a X was X because X did have a X and X, it had been shown it did not change the natural history of X. X was continued, and it was noted this would be sent for an IRO.

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

The patient is a X who X. An MRI scan of the X. The patient was subsequently evaluated by Dr. X and was documented to have X. The patient was noted to have X. A X was X. It was reported that X underwent X. It should be noted the patient is a X. The initial request was non-certified by X, M.D. on X. X non-certification was upheld on X, M.D. on X. Both reviewers attempted peer-to-peer without success and cited the evidence based Official Disability Guidelines (ODG) as the basis of their opinions.

The ODG does not recommend X as an X. It is X. X combined with X. There should be X at X. The X findings should X. The patient should have X. Additionally, X. X is recommended for X. It is indicated for patient who had X for at X. X of a X is recommended after X. X is generally adequate. X may be required with X. Also, pain should be documented with X. X may be present during X. X should be X, as well as X. Criteria for X. It should be noted that if the X is not indicated, the request for X would, likewise, not be indicated. The ODG does not recommend the use of a X. These X have not been shown to be any better X.

The requested X does not meet the ODG criteria, as outlined above. The patient appears to have an X. Dr. X reported X. In addition, the MRI scan documented a X, in contrast to what Dr. X has reported. Therefore, the requested X are not medically necessary, appropriate, or supported by the evidence-based ODG and the previous adverse determinations should be 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)