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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

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X. The X was not available in the records. The diagnosis was X. On X was evaluated by X, MD for complaints of X. In addition, X presented with X. The pain X. X also reported X. On examination of the X. X was diagnosed X. On X complained of X. On examination, the X and X was X. There was X. X was X. There was X. X was noted at the X. Prior treatments included X. On X, the request for X was noncertified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Based on the clinical information provided, the request for X is not recommended as medically necessary. The patient has reportedly X; however, there is X. There are X. Therefore, medical necessity is not established in accordance with current evidence based guidelines." On X, the appeal request for X was non-certified. Rationale: "Based on the clinical

information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X are recommended as a X. X should require documentation that X. X is better supported with documentation of X. Based on X. X is not generally recommended. When required for X. There should be X. An appeal request was made for X. While X reported X could not be clearly established. The X is X. Further, it was X. Therefore, no changes with the prior determination are made as it is upheld. Based on the guideline and clinical information, the appeal for X is non-certified."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The Official Disability Guidelines discusses X. X may be indicated in the X. At this time, the medical records do not clearly document X. Moreover, specific X. Similar concerns were noted at the time of a prior physician review and have not been addressed at this time.
Without further clarifications of these concerns, the request at this time is not medically necessary and should be upheld.

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

ODG/LSPINE/ESI