



Specialty Independent Review Organization

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 prospective medical necessity of a X

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X. The injury X.

Past medical history was X. X was X. X was X.

X for the X was documented to X.

The X. X was X. Symptoms were X. X was X. X had X. At X, and X. X and X. There was X. X had an X. X documented X and X. X was X. X documented X. X-rays were obtained and reviewed showing a X. The patient had X. It was not X. The X was X. The treatment plan recommended X.

The X report cited X. X was X for this injury. X had a X. Because of the location of the X. X was not approved. X underwent an X. X continued to be X. X had a X. X had X. The diagnosis included X. X-rays were obtained and showed X. A new MRI was recommended. X would be requested again. X would need a X.

The X MRI X. There was an X. Findings documented the X. There was a X. The X. The X.

The X utilization review determination denied the request for X. The rationale stated that there were X.

The X attorney appeal letter indicated that the X. It was noted that the physician reported X. It was noted that the injured worker's X.

The X utilization review determination indicated that the denial of the request for X was upheld. The rationale stated that guideline criteria had X.

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

The Official Disability Guidelines state that X. Guidelines do not recommend X. X may be supported for X. X include: 1. X. X and X.

This patient presents with a history of X. Clinical exam findings document X. There is discussion supporting the need for X. Under consideration is a request for X. The Official Disability Guidelines criteria have not been met. In this case there is no evidence that the patient had X. There is X. There is no evidence of X. There is X. There is no compelling rationale presented or extenuating circumstances

noted to support the medical necessity of this request as an exception to guidelines. Therefore, this request for X 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**
- 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)**