

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 industrial injury on X. Injury occurred while X was X. X was X. Past medical history was X. Past X. A review of records documented conservative treatment to include X. The X. There was X and X. X and X with X. Current X included X. X documented X and X. The diagnosis included X. The diagnosis included X. Work status was documented as X.

The X documented X. As there was X. The X was X and X. There was X. There was X. There was X at the X. There was X or X. There was a X.

The X complaints of continued X. X exam documented X. MRI of the X was reviewed. The X was X. There was no evidence of a X. The diagnosis included X. A X was performed to the X. Re-evaluation was X. The next step would be X if symptoms continued. Work status was unchanged.

The X continued complaints of X. X had X. Current X included X. X documented X. X was X. The diagnosis included X. The treatment plan recommended X. X was X.

The X utilization review non-certified that the request for X. The rationale stated that there was no progress report submitted after X indicating the presence of continued symptoms, and there were X to support the medical necessity of this request.

The X utilization review upheld the denial of the request for X as not medically necessary. The rationale stated that the subsequent X note did not offer any additional insight as to why X would be necessary. There was X information presented to support this request.

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 and the ACOEM Practice Guidelines were referenced and did not provide recommendations for X as requested. A search of X was conducted.

X concluded that X. The X prevents X. Injury may result from a X. X from X. Associated injuries include X. Many X can be managed X. X of X remains undefined. X consists of X. X have been X.

This patient presents with X. X to X. Clinical exam findings have documented X. There is imaging evidence of X. The X has also X. X has included X. A X to the X. Under consideration is a request for X.

Evidence based medical literature indicates that many injuries can be managed X. The submitted records X. There is X. In addition, it appears that a X. Therefore, prospective 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**
X
- 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** X

- 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)**
- X
 OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)