

MEDRx

530 N. Crockett #1770 Granbury, Texas 76048
Ph 972-825-7231 Fax 972-274-9022

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 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 X. The mechanism of injury was documented as a X. X was reportedly the X. Past medical history was X. X was X. X treatment for the X. The X report diagnosis was documented as X. An X was present. The X office visit cited a X with X. X were X. X and X were X. X were X. X did not remember the X. X was X, but was X with X and X with X. X was X. Physical exam documented X. X documented X. X of X. X-rays of the X. X was noted. X were present. X was X. The X appearance. The diagnosis included X. A discussion of X condition and treatment options was documented, including X. It was noted that X would require clearance after X to being a candidate for X. X continued to be X.

The X visit notes indicated that the patient was seen in follow-up with a X. Symptoms were X. X was X visit. X was X. X of X were X and X was X. X, stated X. X exam documented X. X documented X. X of X. The diagnosis included X. A discussion of the patient's condition and treatment options was documented. The patient wished to X. Authorization was requested for X.

The X utilization review non-certified the request for X. The rationale stated that the injured worker had a X. Per the Official Disability Guidelines, indications for X. There was no documentation of X.

The X visit note indicated that the provider spoke with the patient regarding X. The patient had X, yet X was recommended to X. X voiced X.

The X utilization review non-certified the reconsideration request for X. The rationale stated that the patient had a X which exceeded the guidelines and there was no documentation of X.

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 recommend X for patients meeting appropriate criteria. The ODG indications for X with all the following:
Disabling pain X & X.

The patient presents with X. X are noted in X. Clinical exam findings are X. X has X. Under consideration is a request for X. Guideline criteria have X. This patient is reported with a X. X has X. There is a documented discussion on X by the provider relative to the patient's X. However, there is X. There is X 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**

- 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**
- 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)**