CASEREVIEW

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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:
This physician is a Board-Certified 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]:

On X, the claimant presented to X, DO with X following a X. X into a X. X has been X. X current pain X. Examination revealed X. X had X. Pain was X. The X were X. The X were X. X was X. Plan: X and X with Dr. X. Start X. Also recommend X.

On X, the claimant presented to X, DO for X.

On X, the claimant presented to X, DO reporting more than X. X reported being X. X was X modalities with Dr. X. On examination X still had some X. X was recommended.

On X, MD performed a X. Rationale for Denial: X are recommended as a possible X. The medical records are X regarding the X. It is X to which X. Thus, overall, there is insufficient detail at this time to support X.

On X, the claimant presented to X, Do with continued X. Dr. X continues to believe X.

On X, MD performed a X. Rationale for Denial: The request for X is not medically necessary. Within the documentation available for review, the request is for X. On the X, the X non-certified the request. The injured worker reports X. However, there is insufficient documentation of duration of relief. Furthermore, there is no documentation of X on the X. Based on the available documentation, the medical necessity for this X has not been established.

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

Based on the records submitted and peer-reviewed guidelines, the request for X to the X is not medically necessary. On X, the injured worker reported X. However, there is insufficient documentation of duration of relief. Furthermore, there is no documentation of X. Based on the available documentation, the medical necessity for this X has not been established. Therefore, this request is non-certified.

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

☐ PRESLEY 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)