

Vanguard MedReview, Inc.
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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 case was reviewed by a licensed doctor of 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]:

X: MRI X without contrast interpreted by X, MD. **Impression:** 1. Broad-based X. 2. X

X: UR performed by X, DC. **Rationale for Denial:** This X has a date of injury of X as per referral. The injured worker was X. X has X and X. The majority of X treatment appears to have X. X has had X. X seemed to X. X also has had X and required the X. As part of X recovery, X, Dr. X recommended X. There was a X. There is now a recommendation to X to address X. X with score of X. X and X. X increased X. Pending X and X. The request for X is not medically necessary. The records document that the injured worker has X not resulting in X. The X recommends for

denial and agreed to X.

X: UR performed by X, D.C. **Rational for Denial:** This is non-authorized. The request for X is not medically necessary. The injured worker X. There was X of X. It appears that most of the injured workers' X. The X is to be performed X. The injured worker should have X. Therefore, the medical necessity for this request was not established.

X: Response to X by X, M.S. It is recommended X continue X. This X recommends that X have an X. X that there are X that include X. X does meet medical necessity to progress with X. Next, we understand that X may have already X however, with X provided X continues to meet X.

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

The claimant is a X who injured X. The claimant has participated in a X. Based on the clinical notes by X, the claimant has made X. This request is for an X. The ODG recommends up to X. Progress as noted by X, X has been consistently related to the same complaints as listed in a response to X by X, M.S., X on X. The claimant has had an X. No clinical documentation has been submitted to address why the claimant X. Based on the medical records reviewed, the ODG recommends X, and I am not recommending an X is the same complaints and X. Therefore, the request is not medically necessary and should be denied.

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)