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 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]:
The claimant is a X who has a history of X

X: UR performed by X, MD. **Rationale for Denial:** This is a case of a X patient who sustained an injury on X. The mechanism of injury was not clearly stated based on the medicals submitted. Per nurse clinical summary, the patient X; however, there was X. Per X Report by X, MD dated X revealed X study with X. Per progress note-X by X, MD dated X, the patient came for follow-up in the X. X reported X. X continued to X. Upon X. There was X. There was X. Please note that this encounter was done using audio and video telemedicine communication due to the COVID-19 public health emergency. Treatment plan included repeat X. Current medications included X. The current request is for X. Per evidence-based guidelines, X. In this

case, the patient came for follow-up in the X. X continued to experience X. A request for X was made. However, the guideline states that X is generally not necessary. Moreover, an X revealed X. There was X of the X. Clarification is needed to validate the rationale for the treatment request and how it may affect patient's clinical outcome or treatment recommendation. Based on the clinical information submitted for this review and using the evidence-base, peer reviewed guidelines referenced above, this request is non-certified. There is already a prior X. There are also X.

X: UR performed by X, MD. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There is insufficient clinical justification to support X given current findings and X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The claimant is a X who has a history of X following injury X. Mechanism of injury is not documented but it appears X had injury X. Clinical evaluations indicate X.

Following X and prior to X Report by X, MD dated X revealed X

Current request is for repeat X.

I agree with UR performed by X, MD on X that this request is **non-certified** as there is insufficient clinical justification to support repeat X given current findings **(**no measures e.g. X.) using the evidence-base, peer reviewed guidelines and X. The request 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 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)