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A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

The patient is a X. The patient works as a X. X had X and X. MRI of the X there X of X. X or X is X. At X is X. There is X or X. X dated X indicates that the patient X. X has X. X is noted to be X. X has X. X note X. Follow up note dated X indicates that the patient X. It is X. The patient X. The patient has been recommended for X and X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for X is recommended as medically necessary, and the previous denials are overturned.

The initial request was non-certified noting that there is no evidence that X.

The request was again non-certified noting that X has X. The injured X. There is a plan for X. X has been X. However, X. There is X of a X. A review of the X. The patient's X. The submitted clinical records do establish that the patient has X. Current evidence-based guidelines note that the use of X. The submitted clinical records indicate that this patient X. Additionally, there is a plan for X. Therefore, medical necessity is established in accordance with the Official Disability Guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual

Peer Reviewed Nationally Accepted **Médical Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)