



Professional Associates, P. O. Box 1238, Sanger, Texas 76266
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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:**

Board Certified in 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 patient was evaluated in X. X reported X was X. X reported
X pain was X. X had X. Here X was noted to be X. X rated X
pain at X. There was X. X was X. However, X. The evaluation
was X. X was recommended X. As of X reported X continued to
X. X was X. The patient was referred back to the referring
physician at that time, as X continued to have X. A X and

revealed X. At X there a X. At X, there was a broad-based X. Dr. X evaluated the patient on X. Here it was noted X was there to follow-up for a X. X was X but X did not receive it because the doctor was not in the

network. X needed a new referral to another X doctor. X was in no X on exam and there was X. X and X. The assessments were a X. X was continued and X was referred to an X.

Dr. X a fellowship trained X. X reported that X continued to be X. X stated that X was X. X and the X. The majority of the injury was the X. X patient X. X was X. X were X and, in the X., X was X. X with the X. X was X. The X was X. X and X of the X. It was noted that the X. The X. It was noted that an MRI on X showed an X. X to consist of a X was recommended as X had X. It was noted that although an X was not required, X. Dr. X addressed a note on X. Dr. X noted that the patient was X a X which X. It was noted that there had been a denial of X on X. It was noted a second peer review also denied this requested X. The ODG indications for X were provided. Dr. X noted the patient had X per the ODG. Dr. X followed-up with the patient on X. The chief complaint noted X continued to be X, but in the history of the present X it was noted X. Here X claimed X and X. X claimed X. X were X throughout with again the X being X. X was X. X was X. X was noted to be X of the X. The patient could X. X was again documented. The diagnoses were X. It was noted they were still awaiting authorization for X. It was noted that X had X. The ODG indications for X were listed. A preauthorization request was submitted on X with X, which an adverse determination was submitted for on X. Another adverse determination was then submitted on X for the requested X.

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

It should be noted the X documented by the requesting X, Dr. X, do not X. Based on the reviewed records, the X is at X. The X, which X was not provided, is noted to show a X according to Dr. X notes. The X noted is at the X. There is also no description of the X. In addition, there is X of any X on the MRI scan for which a X would be indicated. It is my medical opinion that the ODG criteria confirmatory for X have not been met and X is not indicated. In addition, it would appear the claimant has X. Therefore, the requested X is not appropriate, medically necessary, or in accordance with the ODG and the previous adverse determinations should be upheld at this time.

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**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)