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An Independent Review Organization
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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: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. The biomechanics of the injury was not included in the records. The diagnosis included X. X was seen by X, MD on X for a follow-up visit. The pain was X. The pain X. X reported X. X rated the pain X. The symptom X. The symptom was X. X had pain in the X. X had been X. X reported X. MRI imaging of the X. There was X. Per an X reported the X. The pain was in X. X pain was X. X was X. X was X. The pain had X. On X. X showed pain on X. X had X. X and X. Dr. X noted that when X pain was X. At that time, X needed utilization of a X. Additionally, X could X. In X decline, it was necessary to make X. On X presented for X. The pain was X. The pain X. X reported X. X rated the pain X. The symptom X. The X. X had pain in the X. X had been X. X was on X. X had an X. X reported X. With X. X was X. X could participate in X. X stated that X had been doing X. X had noticed a X. X request but X had X. Per a letter by X pain level had X. X could X. X was X. On X received a X. It had made a X. X could X. X stated that X had been doing X. A X of the X. Treatment to date included X. Per a utilization review by X, MD on X under X was non-certified. Rationale: "Based on the clinical information

submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified. The records submitted for review would not support the requested X as reasonable or necessary. It is unclear what the claimant's response has been to the X. The X letter from the claimant, which was not included for review. Without understanding the claimant's response to the X. When the requested X necessity based on information presented, it is expected that the treating provider will follow evidenced based medication guidelines for X. For example, X. Per a utilization review by X, MD, on X the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The X was still not fully addressed, as there were X. Also, there was X submitted for review."

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

The claimant had continued X. At the X evaluation, the claimant stated that X. X to the X. The claimant was able to X. The claimant could X. The claimant stated that X had been X. The claimant did report that with the X. The additional clinical information does establish the specific X.

Therefore, it is this reviewer's opinion that the X is medically necessary, and the prior denials are overturned.

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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL