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Description of the service or services in dispute:

X

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

Board Certified X

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

X

Patient Clinical History (Summary)

X who was injured on X. The mechanism of injury was a X. X was x, and X. The diagnosis was X.

On X was evaluated by X, MD. X had X and since then, X had been X. The X. The X MRI showed that the X. At X was X. At X. At X, there was a X. X was X. On examination, X was X. X and X. X was X. X was X. There was X.

X-rays of the X. X-rays of the X revealed X. X-rays of the X. There was incomplete evaluation of the X. An MRI of the X. At X, there was a X, which X. At X, there was a broad-based X. There was also X. At X there was a X. There was also X. There was X. The X was X and X. A X was noted.

Treatment to date included X.

Per a Utilization Review Initial Adverse Determination Letter dated X, the request for X was denied by X, MD with the following rationale: “Per the ODG, ‘X must be well documented, along with X. X must be X. A request for a X requires additional documentation of recent X.’ In this case, X. There is no evidence of X noted. Therefore, the X is not medically necessary.”

Per a Reconsideration Review Adverse Determination Letter dated X the prior denial was upheld by X, MD, with the following rationale: “The claimant reports X. ODG states X must be well documented, along with X. There is insufficient evidence of the X. As there are X, the request is not guideline supported. ODG states a request for the X requires additional documentation of recent X. As there is no evidence of X, the request is not guideline supported and the provider did not submit any compelling evidence to justify deviating from the guides. The provider has not provided any new clinical findings or compelling information to justify overturning the prior adverse determination. Therefore, I recommend non-certifying the request for APPEAL – X.

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

The request under consideration is a X. The patient has X. The MRI dated in X. X may be X, but is an X. A X could identify the source of a X. The reviewers focused their attention exclusively on the X where a X. The patient has expressed X. A X may be more X. Given the documentation available, the requested service is considered medically necessary.

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
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and 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 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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)