AccuReview
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:

This provider is 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]:

X: New Return Visit dictated by X, MD. CC: X. X who has been seen for X. X described X. X described X. X reported X. X noted with X. X has X. X has X. X and X. Impression: X. Plan: X is X and X. In addition, X will X. In addition, with X recently X. Recommended X.

X: Initial Office Visit dictated by X, MD. CC: X with X. X with X. X with X. Impression: X. Plan: X.

X: Progress Note dictated by X, MD. CC: X. Plan: The X has been performed for the X. X will X. X and X.

X: Progress Note dictated by X, MD. CC: X. Claimant described X. X is able to X. DX. Plan: X. X will X.

X: Progress Note dictated by X, MD. CC: X. Claimant described X. PE: X. DX: X. Plan: X has been performed for the X.

X: Progress Note dictated by X, MD. CC: X. X reported X. PE: X. DX: X. Plan: After discussion, X.

X: Office Visit X dictated by X, MD. CC: X. DX: X. Plan: X.

X: Office Visit X dictated by X, MD. CC: X. Claimant completed X. X described X. PE: X. DX: X. Plan: X.

X: Office Visit X dictated by X, MD. CC: X. Claimant described X. PE: X. DX: X. Plan: X. X will X. Recommend X. Will X.

X: Office Visit X dictated by X, MD. Claimant noted X. PE: X. DX: X. Plan: after X.

X: Follow-Up dictated by X, MD. Claimant X. X has X. With X, recommend X and arrangements will be made for request for authorization.

X: Office Visit X dictated by X, MD. CC: X. Exam revealed X. DX: X. Plan: X.

X performed by X, MD. Reason for denial: The ODG recommends repeat series of X when there is documented X in X. The provided documentation indicates the X. The X notes from X, the X. Based on the available information and ODG recommendation, X are not medically necessary and are non-certified.

X: performed by X, MD. Reason for denial: The claimant has X. X last X. There was no follow up visit to document the X. The X, detailed in the X. Since the claimant is

X, another X, but the X. Based on the X and the X, the UR Decision Letter of X is upheld.

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

The previous adverse determinations are upheld and agreed upon. The request for a X is denied. This claimant has X. X has X. X has completed a X. X were recommended. The Official Disability Guidelines (ODG) supports X in patients with X. X are recommended if there is documentation of X. There is no documentation of X following the X to support X. Furthermore, it is unclear whether X. There is insufficient documentation to support the medical necessity of X. Therefore, after reviewing the medical records and documentation provided, the request for X is not medically necessary and denied.

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)