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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

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a X who was injured on X, while X. X reported that X from a X and X and X.

On X, a Medical Record Review was completed by X, M.D. Dr. X opined that the patient sustained an injury to X
and X, X, X in the X. X had X and was being X. Dr. X had documented the

patient has had X in the X. Therefore, the continued use of X was reasonable and necessary. In a similar manner, X had allowed the patient to be X and, at X. Therefore, the continued use of X, in this case, would also be appropriate. This reviewer would argue that the patient had X status X and, as such, would require care on a X. Therefore, the continued use of X and X, which had allowed the patient to be X, would be reasonable, necessary and supported by ODG.

On X, a Medical Peer Review was completed by X, M.D. Based on the medical records submitted for review, the patient was currently being followed-up with every X and seemed to be X. ODG would support X or X for the patient as X was at a X status due to X and a X. ODG would also support the continued use of X and X due to X. As stated above, the patient was being treated with X or X office visits as well as X. These treatments would continue to be reasonable, per ODG. Regarding the prescription for X, this X was reasonable as an X. The patient had X and X from X X. Therefore, X would be reasonable. Regarding the prescription for X, X were not supported for X. Therefore, recommended X. At this X, there was nothing further to offer the patient other than X with the office X for X under the direction of one physician. In all medical probability, the patient would require X, including X in an X. X was in a X status due to X in a X. The patient was X; however, X had a significant X when X were not X. Therefore, ongoing use of X and X would be reasonable. The patient was currently being prescribed X and X. As stated above, these X were being prescribed for the X. The continued use of X was medically necessary and appropriate per ODG for the X. However, the ongoing use of X was not supported.

On X, the patient was evaluated by X, M.D., for X follow-up. The patient reported X since last evaluated by Dr. X on X. X also noted pain in the X and X. The pain was described as X and X. X also noted pain in the X. X also had X of the X. The X was X. X and X. X was completed on X. Examination revealed X. The diagnoses were X, X and X. A X was recommended. X was X. The patient was X. Dr. X was unaware of when Dr. X would return, so the patient was advised to find another pain doctor to refill X from now that was X. X was X.

On X, the patient was evaluated by X, M.D., in a follow-up visit. The patient's X was X. X was reported. X was scheduled to see a X for a X was

completed. On examination, X was X. The X was X. The diagnoses were X, other X, X and X. X and X were X. X was discontinued. An X of the X was ordered. Recommended X and X at X.

On X, the patient was seen by Dr. X in a follow-up visit. The patient was concerned that the X was still pending. X might need to do a X. X reported X. X was concerned and wanted to follow-up with X. On examination, the X was X. The X was X. X of the X revealed X. X changes were noted. The assessment was X, other X and X at X with X. Recommended follow-up as needed.

On X, X of the X were performed at X and Clinics. The study revealed X. X changes were noted.

Per a Utilization Review dated X, from X, the X request for X of the X, and X, was non-certified. Clinical Basis for Determination: "This is a case of a X patient who sustained an X, when X and X and X. Per X, Office Visit by X, M.D., the patient presented with a X. The pain was described as X, X, and X. The pain would X to the X, X, and X. X also had X. The X was X. Pain level was rated as X. There was X. Per X, X had X at X and X in X and X. The X reports were not submitted in this review to validate this information. On examination, X had X. X current X included X, X and X to be taken X. As per X, Progress Note by X, M.D., the patient presented for follow-up. Per history of X, X was seen to follow-up X which was X. There was X. X was scheduled to see a X was done. On examination of the X, the X. There was X and X. X were X. X was X. There was X of the X and X. X were X and X. The X exam was X. X current medications included X as directed; X to be taken X; X to be X. Per assessment, X had X and X. Per the treatment X, the provider ordered for X. X would be seen for follow-up in X. The current request is for X. Per evidence-based guidelines, X should be X or suspected X. For X, X should initially be performed, but with X and the presence of X is then required. In this case, the patient had X with no X. There was no X of concern for a X condition." Primary Reason(s) for Determination: "*Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, X should be reserved for patients with X or X. For X, X should initially be performed, but with X and the presence of X or X is then required. In this case, the patient had X with no X.*

There was X of concern for a X condition." Criteria used in X: Official Disability Guidelines, X for X and X.

On X, a X was completed by X, M.D. The request for X, and X, was non-certified. Rationale: "*Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, X should be reserved for patients with X findings or suspected X. For X pain, X should X be performed, but with X and the presence of X or X is then required. In this case, the patient had X with no X. There was X of concern for a X*." X used in X: Official Disability Guidelines, X and X. X placed on X, at X, X per carrier request, an additional call was placed. X answered the call and took a message. No additional information could be obtained. Fax number was provided for comparison evaluations that prove an X that would support X with X. This did not X recommendation for non-certification."

Per a Utilization Review dated X, from X, the requested medical treatment did not meet established criteria for medical necessity based on the peer review of the information submitted. The request for X between X, and X, was non-certified. Rationale: "*Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, X should be reserved for patients with X or X. For X, X should initially be performed, but with X and the presence of X or X, X is then required. In this case, the patient had X. There was no significant X for a X*." Criteria used in X: Official Disability Guidelines, X.

On X, a referral by Dr. X documented that an X of the X was ordered. (The medical document was incomplete).

On X, X acknowledged the receipt that a request for an appeal/reconsideration had been received for the medical treatment X between X, between X. A medical reviewer who was not involved in the original determination would review the request for reconsideration.

On X, X, D.O., completed a Medical Opinion Review. The requested service for X of the X was non-certified. Rationale: "*Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed*

guidelines referenced below, this request is non-certified. There was X documentation of significant X the pain and X or symptoms prior to considering the request. After reviewing the information provided, this request will be deemed as non-certified." Criteria used in Analysis (Guidelines/ Screening Criteria): Official Disability Guidelines, Magnetic Resonance Imaging (MRI) for X and X.

Per a correspondence dated X, from X, the request for a reconsideration of a previous non-certification was reviewed by a peer reviewer who was not involved in the original determination. Based on the reconsideration review, it had been determined that the requested medical treatment did not meet established criteria for medical necessity; therefore, the original determination was upheld. The requested treatment for a X request for X between X, between X, was non-certified. "This is a case of a X patient who sustained an injury on X, when X and X. According to the Progress Note dated X, the patient presented for follow-up. Per history of present X, X was seen to follow-up X which was still X. There was no pain recorded. X was scheduled to see a X the X is done. On examination of the X, the X. There was X and X. X were X. X was X. There was X and X. X were X and X. The X was X. X current medications included X as directed; X to be taken X; X to be taken X; X in each X; Per assessment, X had X and other X. Per the treatment plan of X, the provider ordered for X of the X. X would be seen for follow-up in X. The X of the X, X dated X, showed no X. X changes were noted. There was a previous adverse determination dated X, whereby the same request was non-certified. The reviewer noted that the patient had X. There was no significant X condition. The current request is an appeal for X. Per evidence-based guidelines, X should be reserved for patients with X or X. For X, X should initially be performed, but with X and the presence of X is then required. Per assessment, the patient had X. Per the treatment plan of X, the provider ordered for X of the X. However, there was limited documentation of significant X and X prior to considering the request. X had X still with X. There was still X for a X. It was not clear if the symptoms were X or had been X. Clarification is needed regarding the request and how it might change the treatment recommendations as well as the patient's clinical outcomes. Primary Reason(s) for Determination: "*Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. There was limited documentation of X to objectively validate the pain and X the request. After reviewing the information provided, this request will be*

deemed as non-certified." Criteria used in X: Official Disability Guidelines, X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
A X patient who sustained an injury on X, when X and X. The patient ultimately had a X. X has had continued X. X, states X and X to the X, and X. Patient was X. On X, Dr. X noted that the patient complained of X. X had a X, X, X noted, X. The request is for a X and X.
Per the ODG, repeat X is not routinely recommended and should be reserved for significant changes in symptoms and/or findings that suggest significant new X.

ODG Criteria:
According to the ODG, X is the modality of choice following X. For X should initally be performed, but with normal X and presence of X or X, X is then required.

The patient meets the ODG criteria as stated above for X, prior X, with X showing no complications, and presence of X and X, and X. Thus, the request for X is certified as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**