

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now X who was seen in clinic on X for chief complaint of X. X was status X. X had X and X and had done well with X. After X on X reported feeling like a X. X was just taking X. However, they upset X. At the clinic visit, X was requesting to have the X repeated. X included a history of X and X.

Objective X revealed X was X, X. X was X in all the X. X were X than X and X producing X in the direction of X. X in X was to X and X. There was X and X. The diagnoses for the encounter was X and X and X. The treatment plan was to X for repeat X at X and X. X would be trialed on X as needed for X. X was advised not to take it more than X at a X and for X. If it made X, X was to stop it immediately. X was to return to clinic in X.

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

The Official Disability Guidelines indicate a repeat X may be appropriate if X has passed since the primary procedure and there is evidence of X or more weeks. The submitted documentation does not detail the above. The submitted documentation indicated X has previously undergone a procedure in X allowing X. However, the patient underwent a X most recently in X reporting X. X did have X upon X, however, the submitted documentation does not include an X of an X outside of guideline recommendation. Therefore, the requested X is not medically necessary. As such, the prior determination is upheld.

SOURCE OF REVIEW CRITERIA:

- ☐ 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)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in X.