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Notice of Independent Review Decision

**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:**

X

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was X. Apparently, X, as well as X. A X was performed on X, X. A X was also performed on that date, demonstrating no X. On X, the patient presented to Dr. X for a X following a X. X pain was X and X. The patient also reported X and an X. The pain was described as X. X documented X. X were X. Dr. X recommended X and X. On X, Dr. X documented exactly the same physical examination, as well as now a new diagnosis of X, for which X recommended X. X, however, documented nothing more than the same X but the same X. X were performed that day and were X. A X was then performed on X, demonstrating X, prior X, and a X. X, M.D. then followed-up with the patient on X, documenting exactly the same physical exam finding as Dr. X and exactly the same X. X, like Dr. X, also documented a diagnosis of X despite the absence of any X. Dr. X then followed-up with the patient on X after Dr. X had performed a cervical ESI, reporting that it provided only X. X was exactly the same as previous visits. No pain level was documented and Dr. X recommended X. On X, Dr. X performed the X. X repeated these X almost every X with the patient documenting X. However, the X. X were repeated on X. X, Dr. X documented that the X and that the X. X was again X. On X, the X was again performed by Dr. X. Dr. X followed-up with the patient on X, noting that the patient was getting these X but did not document any objective X. X also documented that the patient got X. X was the same as prior visits. The X was performed, this time by Dr. X, on X, with X documenting exactly the X. The patient was then seen by X for a X who noted the X and X. X documented the patient to be in X. X showed X and X on the X, but X. The X demonstrated X and X. X did not X as of that date. Dr. X performed the X on X and followed-up with the patient X, documenting that the X were already again beginning to X. X was the same as all prior visits and X or improvement was documented. The X was performed by Dr. X on X with the X set

performed X. Dr. X evaluated the patient for X, awarding a X. Dr. X requested yet X. Initial review by the physician advisor on X recommended X, citing the Official Disability Guidelines (ODG). Subsequent review by another physician advisor on X upheld the recommendation for X, citing the ODG guidelines for X. Dr. X then followed-up with the patient on X, documenting the same X as previous, the X, X, and X. Other than X, there were no other significant findings. DrX noted that the patient was X and requested them again.

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

There is X. Although X allegedly obtains significant benefit from X every X, the requesting physician has not documented any X or X in any of the follow-up visits subsequent to the X. Moreover, as X, it appears the patient is X now X. The ODG guidelines specifically state that X are generally "not recommended" for X. Although they are recommended for X, this patient X in the documentation provided. Moreover, the ODG criteria state that this treatment is for X, which is, similarly, not documented in any of the medical records. Further, the ODG criteria include X and/or X," which is also a X finding which has never been documented. Finally, the ODG criteria for use of X include X," a finding which has also never been documented in the medical records. Therefore, the request for X is not medically necessary, appropriate, or in accordance with the ODG guidelines. The prior recommendations for X of this request are, therefore, upheld at this time.

**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 JUDGEMENT, CLINICAL EXPERIENCE, AND  
EXPERTISE IN ACCORDANCE WITH ACCEPTED  
MEDICAL STANDARDS**

**MERCY CENTER CONSENSUS CONFERENCE  
GUIDELINES**

**MILLIMAN CARE GUIDELINES**

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

**PRESSLEY 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)