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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:**

Board Certified in X
Fellowship Trained 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.

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The X dated X revealed X. Dr. X examined the patient on X. X had X. X was X at the X and the X had X and X. X was X in the X and X were X. There was X on the X at X and X. X was X in the X and X were X with the exception of X at X. X was X. X revealed X. X was recommended. On X, Dr. X noted they had not heard about the X as of yet. X exam was essentially X. The patient then underwent X on X for the X and X diagnosis of X. The patient returned to Dr. X on X and noted the X on X did not X any of X symptoms. The exam findings were X. The X and X of X at X were discussed and the patient was provided with a X. The patient then underwent X on X. X gave valid and reliable effort during X and there was no evidence of symptom X. X had X and did not meet the X demand level of X at X. X was X in the X. X to be completed after the pending X was recommended. X, P.A. examined the patient on X. X was rated at X. X noted X with Dr. X had been X. X were X throughout and X was X. X had X at X, X, and X with X. X was X. X was X with X. A X dated X revealed X. There was X to the X with X. At X and X, there were X changes and X. X was seen at X and X. At X, there was X. On X, Dr. X followed-up with the patient. It was noted the X on X relieved X of all of X for X but the X eventually returned to the X. X were X and the remainder of the exam was X. The X was again recommended. X provided an adverse determination on X for the requested X. On X, X provided another adverse determination for the requested X.

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

There is no evidence of X on the X reviewed. The patient has X and has been previously treated with X, although they were not X according to the documentation reviewed. The patient also had X, which were X. The patient does not meet the criteria for X per the ODG. The ODG states that X for the X and X are not recommended due to a lack of quality, supportive evidence. While it is not recommended, if performed, the appropriate criteria should be met. It should be noted there is no objective documentation provided that supports the patient's clinical presentation is consistent with X or signs and symptoms. In addition, the ODG notes that X should support an evidence based X and this request does not appear to be a portion of an evidence based X. Therefore, the requested X is not appropriate, medically necessary, or in accordance with the ODG and the previous adverse determinations are 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

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES