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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
X who was injured on X. X stated they were X. X was X and X. The diagnosis was X. An office visit note by X, MD was documented on X presented for a X. X had been denied. X stated the X and had X. X was X. On examination, X. X and X. X and X. X and X and X. X showed X and X. There was X. There was X and X. X were in X, and X. X and X. X and X were X. An MRI of the X revealed X. There was evidence of a X. Treatment to date X. Per a utilization review adverse determination letter dated X, the request for X and X was denied by X, MD. Rationale: “Per evidence-based guidelines, X is recommended for patients with X. In this case, the patient came for follow-up for the X. A request X was made. However, there X. Furthermore, there were X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this

request is non-certified. There were X. X spoke to Dr. X who confirms the patient has X. X in X. Per the office visit note dated X, Dr. X documented the following: "This is a very X who had an X who continues to have X and X. At X last appointment in X was X. X could X and X. At that time, X of X could not have been X. Even on X continues to have X. X was X and was X because X had X such as X. Unfortunately, the patient X. The injury that X sustained in X should have X. Because this is going on for X, this may have been a X. X has clinical evidence of X and X. X has X evidence of X. Because X has clinical evidence as well as X of X, X would recommend X. In addition, X is X. X would be of X. In addition, X has X for which X has been treating with X. X has stopped X X. This is causing X. At this time, X continue to recommend X which would include a X. The patient will be placed on X. This will be set up as an X." Per a reconsideration review adverse determination letter dated X, appeal request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was X that would warrant the need of the current request. Evidence of X and X were not established on the X. The X were not established, as there was X notes submitted for review to X. The actual X report was not also submitted for review. Clarification is needed from the previous URD since the date was not specified. Thus, the current request is not supported. During the peer discussion with X, the delegated designee stated that the patient had an X to the X. It was noted the patient tried X, but could X due to X. However, there was no X submitted with the records. The X read the X and it revealed a X. This appears to be a X, and therefore X would not be indicated without a X. A copy of the X was requested for review, which was not received as of X. This request remains non-certified."

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

The claimant had been followed for X at the X noted. There was X with evidence of X. However, in review of the provided X, there was no evidence of X.
Given the lack of any clear evidence of any disruption of the X, it is this reviewer's opinion that medical necessity is not established.

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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL