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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 sustained an injury on X while X was X. The pain was in the X. The diagnoses included X, and X. X was seen by X, MD on X in a follow-up visit for X. X was X. X was X. It took X about X, and X needed to X. X was X and X, and X. X was X. X showed X. X showed X. The X was X. There was X. X gave X. An X of the X and X and X. X changes with X, which appeared X. The finding was X. An X and X. There was X, or X. Treatment to date included X. Per a utilization review dated X, the request for X was non-certified by X MD. Rationale: "Recommended as a possible option for X. Not recommended for X. X should require documentation that the X and X. The X has X. The X for a X. However, a X and X is not clearly documented. Based on the records reviewed, the medical necessity for these treatments has not been established, and therefore, the request is denied." Per a utilization review dated X, the request for X was non-certified by X, MD. Rationale: "Per the

Official Disability Guidelines (ODG), “X are not routinely recommended unless there is evidence of an X. This criterion is based on an X that the X due to X. X should be X. X Therefore, the following criteria should be considered: (i) X should require documentation that X. (ii) X is better supported with documentation of X requirement after the X. (iii) Based on X, no more than X. “Based on the provided documentation, the X due to X. On examination, the claimant has a X. X along the X and X was noted. The claimant has previously X noted. A X is appropriate, based on prior documentation of X. As of X, there was X. Further, it appears that the claimant is being considered for X. Therefore, medical necessity has not been established and the request is not certified.”

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. X is a X. The patient underwent prior X. There are X. The patient underwent a X on X. Again, there are X provided. Follow up note dated X. As of this date, X needed a X. The submitted X to document X. Follow up note dated X. The patient then X. Note dated X indicates that the patient is awaiting authorization for X.

Given the documentation available, the requested service(s) is considered not medically necessary.

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