



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone:
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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

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]:

Based on an X, the X. X was X when X. X had a X and X. There was a X. X had an X. X, but it X. In the X was X. There were X. The patient then X and X. It was X. On X was X and noted to X. There was X area of X. X were X and X. X had a X. X was to the X. The X. The X and X were X. X were X. X was X. Based on the X note, it was noted X and X. There were X. Based on an X, the patient X. X was noted to have X. Based on a X, it was noted the X. On X and X. On X, the X. X was X. X was X.

As of X was noted to X. X had X. The X was X. X had X and had X. There was X. X would X. The X then X. A X. Dr. X with the X. X was X. X with the X. X was X. X had X the X. The X. X had X was to X. X and X. X would X. It was X and X. A X with X. There was also X. There was also X. There was X. The X. The X and X and X. On X reported X. X were X. X was X. X about X. X but X and X. X was recommended and the X.

On X. On X, the X and X. X was X. X also had a X. It was noted X had X. X had X. X, but X and X. It was noted X. X would X. It was X. On X, it was noted the X. X had X. It was again noted X. As of X, it was noted X. X was X. X was X but X and X. X and X. There was X. It was noted X. X and X were X. The X. X was X. It was noted X and X. X had X but X and X. X also X. It was X; however, X. The X with X but X. X would X. On X, the X. It was noted X. X of X. On X wanted to X. Currently X was X. The X, but X. The X. X was X. X with X. X for a X. X would X. It was noted on X. On X an X was submitted for the X and X. On X, was submitted for the X.

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

The patient is a X who was X. The X was a X. The patient X. The X in X. X were X and X. X with X. Dr. X documented the X. The requested X. The requested X was non-certified on initial review by X, M.D. on X. X non-certification was upheld on reconsideration/appeal by X, M.D. on X. Both reviewers attempted a peer-to-peer without success and cited the Official Disability Guidelines (ODG) as the basis of X opinions.

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**

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)