MEDRX

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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
The reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:
X

The reviewer agrees with the previous adverse determination regarding the medical necessity of: X

INFORMATION PROVIDED TO THE IRO FOR REVIEW
X

PATIENT CLINICAL HISTORY [SUMMARY]:
This case involves a X with a history of an occupational claim from X. The mechanism of injury is detailed as the patient was X. The current diagnosis is documented as X injury of the X, X, X and X, X. X were noted to include X, X, X and X. The patient underwent an X on X,

which is noted to reveal X and X, X. The patient was evaluated on X for complaints of X, X and X and X that X. The patient had been on X and X and had been doing X regularly but continue to have X and X. The X examination of the X revealed X. X was X in the X. The patient was given a referral for X for X, X and X. An X at X was recommended for X. A prior determination was found not medically necessary due to X.

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

Per evidence-based guidelines, and the records submitted, this request is not medically necessary. The ODG recommend X and X. The guidelines specify that X must be documented by X and X and or X. There also needs to be evidence that the patient had been X, X, X, X, and X. The patient was evaluated for complaints of pain in the X. The X noted X. However as noted previously, the patient was injured on X and the lack of documentation noting X, X, X. The patient is currently in X and was seen in the office for the first time recently. Since there is not clarity on X the patient has had and what other X have taken place beyond X, X, this request is 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**

☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF X**

☐ **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**
X

☐ **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)**