

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a X with a history of an X from X. The mechanism of injury was detailed as a X. The documentation indicated X has a diagnosis of X. The documentation does include X such as X. A chart note dated X detailed the patient was seen regarding X. The documentation indicated there had been X performed on X. The patient indicated sometimes X in X, and X as well as X. The X of the X. There was X. The physician indicated X should continue with X use and X and X were discussed. The request has been received for an X.

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

Regarding the requested X, the Official Disability Guidelines indicate an X may be appropriate when there is evidence of X or X. The submitted documentation does not indicate the above. The documentation submitted does not include X. Furthermore, it is unclear when the most recent X have been performed and also if X has had any X directed towards the X. As such, the requested X is not medically necessary. Therefore, the prior determination is upheld.

**SOURCE OF REVIEW CRITERIA:**

- 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  
ODG, Magnetic Resonance Imaging (MRI) for Neck and Upper Back Conditions, Last review/update date: Feb 12, 2021.
- Presley 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)

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

**ATTESTATIONS:**

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified in X