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Notice of Independent Medical Review Decision

Reviewer's Report

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**

Physician, Board Certified 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]:

This patient is a X who has a history of X. The patient underwent X on X and X on X. A magnetic resonance (MR) X of the X on X showed X. A X note dated X reported X with X after X.

A progress note dated X stated that the patient has had X since X, which was X. It also stated that the patient has tried X. It indicated that the patient's X helped X and that X took X. It noted that the patient had X in X and X in X. It noted X of X.

On X, a X evaluation was done, which found no X to prevent the patient from X. A X progress note stated that the member had X since X, which was X. It also stated that the patient X and that X helped X between X and X. The X examination at this visit was X, but this was a telemedicine visit. The plan was for a X for X.

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

While there is some research to support the X of X, a review of the difference between studies is warranted. Regarding the role of X and case series in research, it has been said that "The choice of the X should be based on X." "Despite the X do not provide useful information regarding the X because the estimates are quite X. Basing a decision to proceed or X because there is a very good chance that the decision will be derived from false positive or false negative result." "[A] X is not a X and therefore safety and efficacy are not evaluated." "In summary, X are a necessary first step in exploring X and X."

A review of the literature did not find any X and well controlled studies in regards to X and X specifically, Nevertheless, based on the documentation available for review, not all standard treatment options for X have been done. There was no mention that X has been

completed. There is much research to support the use of X. Moreover, not all X used for X have been optimized or tried.

Therefore, X have determined that authorization and coverage for X is not medically necessary for treatment of this patient's condition.

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 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**
- 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):**

X
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**