

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]:

The patient is a X who was diagnosed with X and X. On X, the patient was
seen by X, D.O., for X and X. The X. The pain was X. X reported X. The
pain X. On exam, the X, X and X were X. There was X. The X were X. X
were X. The assessment was X and X. X was prescribed. The plan was to
schedule X that X. It was noted that the patient had X that appeared to be X.
The X would be utilized to confirm that a X would be of X. The patient had X.

The pain in the X was X like X or X. X would help to confirm that, in fact, the X was coming from X. If this was a X and X and X and X, the patient would be a candidate for X. X had been shown to X use by X.

On X, Dr. X submitted a pre-authorization request for X. The diagnoses were X or X and X.

Per Utilization Review dated X, by X, M.D., the request for X and X was noncertified. Rationale: *“ODG by MCG (www.mcg.com/odg) states, “Clinical presentation should be consistent with X, X and X referenced above. X involves X near the X, and it is only recommended as a X, X, procedure for X. (1) X, X, (2) Documentation at least X, including X, X, and X...(6) X is required, with documented X; X are not recommended prior to X if diagnostic criteria are confirmed (7) No more than X during any X; number of X will vary according to X.” Within the associated medical file, there is documentation of a Plan identifying that the request is for X. However, there is documentation that the patient has X, as well as X and X. As such, there is X. In addition, there is no clear documentation that the patient has X and X. Therefore, X recommending non-certifying the request for X.”* Source of Screening Criteria: ODG X.

Per Adverse Determination-Utilization Review dated X, from X, the request for X and X was denied. Rationale: *“X decided that the services or treatments are not medically necessary or appropriate. This means that X do not approve these services or treatment.”*

Per Utilization Review dated X, by X, M.D., the request for X and X was denied. Rationale: *“ODG treatment guidelines state that criteria X to determine X should be consistent with X, X and X, X, documentation at least X, including X, X, and X. In this case, the patient is X and has a date of injury of X. The patient presents with X. The patient reports X. Examination reveals X. The diagnosis provided includes X. However, the patient complains of X. There is a lack of evidence of facet-generated pain on the exam, including any X or X. Also, there is a lack of documented evidence of the X. Given all of these factors, the medical necessity of the request is not established. The recommendation is to deny.”*

Per Appeal/Reconsideration Determination-Utilization Review dated X, from

X, the request for X was denied.

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

ODG treatment guidelines state that the criteria for diagnostic X to determine X include clinical presentation should be consistent with X, signs and X,

1. X
2. Documentation at least X, including X, X, and X
3. It is only recommended as a diagnostic, X, procedure for X.

The notes objectively document that the X and X were X. There was X. Subjectively, the patient complains of X. The above findings are consistent with a X. (The findings would need to be corroborated with imaging studies per the ODG to meet the definition of X.)

In X opinion, there is evidence of X and lack of documented evidence of the X. The patient thus does not meet the ODG criteria. The request for X is not considered medically necessary at this time.

- Medically Necessary
- Not Medically Necessary

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES