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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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This X sustained an X. X plan of care dated X has this as X. X has done X with X. For example, X. X has X. However, when X, X is X. Long term goals are noted as: X and X. X has made X. However, pain X with X. Progress has X as X does with X patients. Plan is for X.

Peer review report dated X has the additional X as not medically necessary. Rationale notes X is X. The physician's note does not indicate why X shouldn't be able to continue with X.

X note dated X cites hoping the X made does not X. Injured worker will be notified X is on X as X is X. Should X continue to X medically necessary treatment, X may have to X.

Peer Review report dated X denied the X. Rationale notes X has a diagnosis of X and has X. ODG allows for X for this diagnosis. The request exceeds guidelines. Previous denial was noted from X. No peer contact was established for this review so no additional information was obtained.

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

The request for X is not medically necessary. This X sustained an X and has been treating for X. X of care dated X has attended X with noted X. X has X in regards to X. X is noted to have X. X is noted to be X. There are documented X including X. Progress has not been made in X. X is noted to not be able to X previous X. However, the X has already attended more than the guideline X. ODG recommends treatment for X. Detailed documentation is not evident regarding X that would require X. Therefore, the requested X is not medically reasonable or 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 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)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**