

**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 injured on X, when X was at work doing X.

On X, the patient was seen by X, M.D., for pain in the X. The pain had X. The X and X. On exam, the X had X. The X had X on X. The X had X. X of the X and X were X. The diagnosis was X. X and X were prescribed. The X was denied and the X was continued. The patient was placed on X.

On X, a X of the X was performed at X and interpreted by X, M.D. The study revealed: X.

On X, the patient was seen by Dr. X for X. The X had resolved. The X and the X. The X of the X was reviewed that showed X. On exam, the X had X in all X. The X had X. The diagnoses were X. X and X were prescribed. The plan was to refer for X.

On X, the patient was seen by X, M.D., for complaints of X. The pain had been going on for X. The treatment tried included X with X and including but X and X. The pain was made X. The pain was made X. On exam, the X had X and X. There was X noted. There was X in the X noted. The diagnosis was a X. Per Official Disability Guidelines, X was requested. Criteria for X and X were met. X and X to follow X. The X was also recommended. The patient communicated a X. X had a X.

On X, the patient was seen by Dr. X with a X. Dr. X wanted a X before proceeding with X. On exam, the X had X and X. The X had X. The diagnoses were X. X and X were prescribed. Referral to X was provided for the X.

Per Utilization Review dated X, by X, M.D., the request for X with X was denied on the basis of the following rationale: *“ODG X- online version X Recommended on a case-by-case basis as a short-term treatment for X. X at a level X are the only recommended approach; X are not recommended. This treatment should be administered in X efforts, and X should be informed of the X. X are not recommended as a treatment for X. See the X. While only conditionally recommended, X may be supported on a case-by-case basis by the following documentation: Patient criteria for X: X is non-certified.”*

Per correspondence dated X, from X, the request for X as denied on the basis of the following rationale: *“Guideline/Rationale: Per the guidelines, X are recommended on a case-by-case basis as a X. X at a X is the only recommended approach. X is indicated for X only. In this case, the X has X with X. There is X and X. X is noted. However, the request is X. Medical necessity is not established. Therefore, the requested X, is non-certified. REFERENCES UTILIZED IN DECISION: Official Disability Guidelines.”*

On X, the patient was seen by Dr. X for X. The pain level was X. There were X. The diagnosis was a X. The plan was to appeal the denial.

On X, The X submitted Preauthorization Request for X.

On X, X acknowledged the receipt of the reconsideration request (appeal) of an adverse utilization review determination.

Per Reconsideration dated X, by X, M.D., the request for X was upheld on the basis of the following rationale: *“ODG X online version, X. “Recommended on a case-by-case basis as a X. X at a X are the only recommended approach; X are not recommended. This treatment should be administered in X, and X. X are not recommended as a X. Patient X: (1) X. X must be X. A request for a X requires X. (2) X to X. X is not recommended X. X is not recommended.” X. On X, the X. The pain was rated X. A X was noted, with X. On X, a X was noted, with X. There are no documented extenuating circumstances to support an exception to the guidelines. Therefore, the requested X, with X is not shown to be medically necessary.”*

Per correspondence dated X, from X, the request for an appeal of a non-certification determination for X, with X was upheld on the basis of the following rationale: *“X, X revealed a X. On X, the X. The pain was X. A X was noted, with X. On X, a X was noted, with X. There are no documented X to support an exception to the guidelines. Therefore, the requested X, with X, is not shown to be medically necessary. REFERENCES UTILIZED IN DECISION: Official Disability Guidelines.”*

On X, the patient was seen by X, M.D., for evaluation of the X. X had X. X was X. X noted X. X also had X in the X and X. X received X. X was given X. The X of the X, was reviewed that showed X. This was associated with X. This was in keeping with X. On exam, the X had some X. The patient had an inability to X. The X showed X. The patient had X and X. There was X. X were X. The diagnosis was a X. The patient was considered an X. The plan was to X on the X. X of the X was ordered.

Per correspondence dated X, X requested X, office visit.

On X, the patient was seen by Dr. X for follow-up of the X. On exam, the X continued to have X. The X had improved X. The diagnoses were X and X. X and X were prescribed. Dr. X requested a X. An X was ordered.

On X, the patient was seen by Dr. X for follow-up of the X. On exam, the X continued to have X. The X. The diagnoses were X of the X. X and X were prescribed. X was continued.

On X, the patient was seen by Dr. X for a follow-up of X. There was X. X was able to X. The pain level was X. The pain level at X. There were X in the X since the last office visit. The diagnosis was a X of the X. The plan was to appeal to an independent review organization (IRO).

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

The patient is a candidate for a X. However, as indicated in previous reviews the X is not medically necessary according to the ODG as it is above the X approach. X are not recommended. Furthermore, there is no need for a X at the X as the patient has X and is corroborated by X. "Recommended on a case-by-case basis as a short-term treatment for X. X at a X are the only recommended approach; X are not recommended. This treatment should be administered in X. X are not recommended as a treatment for X. Patient X. X must be X. A request for a procedure in a patient with X requires additional documentation of X. (2) X to X and X. X is not recommended X. X is not recommended." There are no documented extenuating circumstances to support an exception to the guidelines. Therefore, the requested X is not shown to be medically necessary

- 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**