



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone:
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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:**

Board Certified in 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]:

A X revealed X. There was X and an X noted X. Dr. X examined the patient on X. X had a X. X had been injured at X when X was X when X. X exam were X and X. There was X, but there was X. There was X. There was X. There was X. There was X. The assessment was an X. X was discussed including the X and X. Dr. X then performed X with X. As of X. X was given a X and then followed-up on X. X had X and X and X. X was advised to X, but to proceed X. X was referred to the X, but the only certified X in X insurance was quite a distance away. X was advised to try to maybe find someone closer. As of X, X had X. X was X and was advised to advance X. X were increased X. X would X. A X was provided from X. X was X towards X return to X. It appeared X was recommended. A preauthorization request was submitted on X, which the carrier provided an adverse determination for on X. A request for reconsideration was then submitted for the X for which the carrier provided another adverse determination for on X.

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

The patient is a X who was reported to have sustained an injury to X. The reported mechanism of injury was X. The patient was eventually diagnosed with a X by Dr. X. There was X note provided dated X. The request X was non-certified on initial review on X. Then, the non-certification was upheld on appeal/reconsideration on X. The reviewers were reported to cite the ODG as the basis of their opinions. The last note by the X was dated X and the patient was now X. The ODG does not address X following X, but only in the setting of X. Based on the documentation reviewed, the patient has X already. The patient is now over X. In addition, the documentation reviewed does not

document significant X to objectively support the medical necessity for X. Therefore, the requested X is not medically necessary, appropriate, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

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

**X 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)**