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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The X was noted to be compared to X and another X dated X. The X revealed X and X and X. There was X and X. There was X. Dr. X examined the patient on X. X had been injured on X when X was X by a X. X had an X. X had X and an X. X had a X, X, and X. X had made X with X and had X or X. The patient

now X all of X was X. X had X and X had X. X had also X and X, as well as a X that provided X. It was X showed X. There was also noted to be significant X. On exam, X, X, and X. X had pain at the X, which was X. X sign was X and there was X and X. No evidence of X was noted and there was X noted. Dr. X felt the patient had X and ODG recommended treatment and was not being treated for a X. It was X was consistent with the diagnosis. X was recommended at that time and the patient wished to proceed. Based on preauthorization request forms a X, as well as a X were requested for the diagnosis of X. The requested X was initial denied on X. The patient followed-up on X and it was noted X had been denied on the basis of not having X. Dr. X noted X was X and X had tried X. X exam findings were X. It was noted they would appeal the denial and if they received a second denial, they would request an IRO. Another adverse determination was submitted on X for the requested X. On X, it was noted X had been denied twice. Forward elevation was X, X, and X. It was X had X. X again had a X. An IRO was recommended at that time. On X, it was noted X was last seen on X and it had now been over X. X still had X. It was note X had X. It was also noted X had X. An IRO was again recommended at that time.

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

The patient is a X who was reportedly X. X had X and it was noted that X now X, according to Dr. X in X note on X. X noted by Dr. X revealed X. In none of the notes is the X. It was alleged that the patient did have a X, although, other than being referred to, it is not recorded in the material reviewed and the X was reported to be X. There is no evidence of a X in the material reviewed. The original request was non-certified on initial review by X, M.D. on X. X non-certification was then upheld on reconsideration/appeal by X, M.D. on X. Both reviewers

attempted peer-to-peer without success. The reviewers cited the Official Disability Guidelines (ODG) as the basis of their opinions. The patient's primary diagnosis, according to the medical record, is X.

While neither X alter the X. There is X in the literature that any X alone or in X is more effective. As such, X should be X. Early X has insufficient evidence, but X becomes an X after a period of X. While X release with or without X and X than continued X are no different. It remains unclear whether there are no differences of clinical effectiveness of X compared with X for X because X. A systematic review of X is necessary for X. A X assessment on management of X concluded that X, also caused X using X or other solutions guided by X, although there was some suggested X. An X. Approaches, imaging, guidance type, X. A X. Therefore, X is not generally recommended. In addition, the X has not been shown to have any X than other X, according to the evidence based ODG. As outlined above, the requested X are not medically necessary, appropriate, or supported by the evidence based ODG and the previous adverse determinations are therefore 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

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)