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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: X

REVIEW OUTCOME:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who sustained an injury on X after X. The diagnoses included X. X was seen in a X, MD on X. X was noted to X. X reported that X. X reported X. X showed X. X had X. X had X. X examination showed X. X displayed X. X exhibited X. X secondary to X. A letter of medical necessity was written by X, MD on X. Dr. X requested X for X. The X would provide X with X. X had level X as a result of X. Prior to X injury, X was X. X had a X. Since the time of X injury, X pursued various X to provide X. For example, X. X also needed to X of X since X. It was medically necessary for X to X, which could have X and be X. Once a patient had sustained X and was X could be X by use of X. Based on the level and nature of X injury, X would benefit from X. X had been evaluated on X and had X response while X. X had utilized X. With the X, X was able to X. The X to X indicated that X was medically appropriate for X. The X also had X. The X could have X for those with X. The X could lead to X. In X provide X and were X. After X, X of the X. The X was determined to X for X due to X. Treatment to date included X. Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: "Based on

the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidenced-based guidelines, X is recommended generally if there is a medical need and X meets X. In this case, X was requested; however, objective clinical findings presented does not X. A comprehensive and thorough assessment of the patient's condition was not addressed as there were X and no X documented to substantiate and justify the provision of the request. Furthermore, appropriate parameters to yield the desired response such as X was not completely specified in the request.” Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidenced-based guidelines, X is recommended generally if there is a medical need and if X. Per the review of related literature, X has X in X. X in patients with X provides X. In this case, X was requested as this would provide X. X now had X. Based on X and nature of X injury, X would benefit from X. X had been X. X had been able to X. An appeal request for X was made. However, the presented clinical findings were still insufficient to fully suggest X to warrant the X. A comprehensive and thorough assessment of the patient's condition was still not addressed as there were no X and X documented to substantiate and justify the provision of the request. Furthermore, appropriate parameters to X was not completely specified in the request. The reviewed literature further stated that X, leading to what amounts to insufficient evidence to determine whether its use is clinically indicated and necessary. There were no additional medical reports submitted to overturn the previous denial of the request.”

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

This is an appeal request for X for a claimant with X. Specifically, the claimant is noted to have X. The medical records and appeal letter note X in the peer reviewed literature. While those benefits are noted, there is no high-quality evidence supporting or concluding that X.

Therefore, the medical necessity of the treatment cannot be established.

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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL