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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 X with date of X. X was X and X with X. X was diagnosed with X. X was seen by X, MD on X for a follow-up. X had X. X had X since X related to X. The X was X. X was described X. X did describe some X. The authorization for the X was denied by the insurance. A X of the X revealed X. Because of X, X was unable to accomplish any of X. The pain was rated X. The X was X for the X. On examination, X was X and X was X. There was X. The X test was X. X was X in the X. The plan was to continue with X at the time since it had X and X. X had clear benefit from X, including X and X. A X dated X was X. A X of the X dated X revealed following: X. There were X. At the X, there was X. At the X, there were X. At the X, there was X. Treatment to date included X. A Physician Advisor Determination letter dated X by X, MD indicated the request for X was non-certified. The rationale was as follows: "Guidelines support the use of X in patients with objective evidence of X. There are multiple issues preventing approval of this request. First, the clinician has not provided X. Second, there is no documentation of X. Lastly, guidelines do not support X. Therefore, the request for X is non-certified." A Physician Advisor

Determination letter dated X by X, MD indicated the request for X in office was upheld. Rationale: "ODG X Guidelines note X are recommended as a possible option for X. Not recommended for X. Criteria for the use of X. The patient reports X with X. There is diagnostic evidence of X. However, there is no clear objective documentation of X. Furthermore, there remains no documentation of X. Based on the records reviewed, the medical necessity for X had not been established. Therefore, the appeal request is denied, and the prior determination is upheld."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that X. The patient's X to establish the presence of X. On examination the patient's X are X.

Additionally, there are no X records submitted for review. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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