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## **Notice of Independent Medical Review Decision**

### **Reviewer's Report**

#### **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**

Physician, 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]:**

This patient is a X who sustained a X injury on X, when X. X-rays of the X on X demonstrated evidence of X. The patient has been treated with

X, X and a X. X imaging in the form of magnetic resonance imaging (MRI) of X on X demonstrated X. X with X has been recommended for the patient.

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

The Official Disability Guidelines (ODG) pertaining to X overall suggest that X is not recommended based on recent X, however it may be an option to treat X patients with X. This procedure has not been recommended for patients with X.

Criteria for X, while not recommended in ODG, are X or X that cannot be relieved by X, and other X, such as X, have been ruled out by X or X imaging, and the X has not been X and is at least X.

Based on the ODG guidelines and recommendations contained within these guidelines, this X for this particular patient with a history of X, is not considered medically necessary. There is no evidence of X. There is also no history of X. This guideline states that X is not recommended based upon recent X.

Therefore, I have determined that authorization and coverage for X, X is not medically necessary for treatment of this patient's condition.

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**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)**