

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X with a history of X. The mechanism of injury was X. The patient sustained an injury X. The current diagnoses were documented as X. Comorbidities included X. Prior relevant treatment X.

The records referenced to an official X of the X dated X that showed X.

As of X, the patient had X to include the X with X in X. The pain occurs X in the X and X with X. Pain medications X, and the patient rated X pain level X. The patient had X of the X at that time.

The encounter note dated X stated the patient presented for X regarding X. X, X was X to X and characterized as X. Symptoms were X by X, X and X. X factors included X. Associated features include X, X and X. On X, the patient had X to the X at X and X at X. X of the X was X with X on X noted in the X. The patient was X for X. During X testing, the patient had a X tests, X test, X test, and X test. The patient also had X tests, X test, X test, X test, X test, X test, X test, X test, and X test. The assessment was that the patient had sustained a X.

The patient continued to have X from X and X, which X with X consisting of X, X and X. It was felt that the patient X without X.

The plan was for X. This review pertains to the X.

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

According to the Official Disability Guidelines, the patient did not meet the guideline criteria for X. While there was evidence that the patient X, the physician did not submit the official imaging reports to confirm the extent of the patient's X to verify the medical necessity of the requested services. There was a reference to X and an X dated X that reportedly showed no evidence of X, but X of the X and X. This information would not support the request for X nor X, and without evidence of X, a X is likewise not warranted. In addition, while X, and X might be necessary to address the patient's condition given findings on X, without X, the requested services cannot be supported on this basis. The patient previously received notice of adverse determinations for X on X and again on X with the conclusions stating that X was not provided for the review to confirm X to include evidence of X. As such, the prior determinations are upheld. The requested X is not medically necessary.

The Official Disability Guidelines state that for X, a X may be needed to complete X and efficiently. However, the patient has not received authorization for the X. Therefore, the a X request is likewise not warranted. As such, the request for X is not medically necessary.

The Official Disability Guidelines do not specifically address X. Therefore, outside resources were referenced in this case and state that X is typically utilized for X. However, the patient has not received authorization for the X. Therefore, the ancillary request is

likewise not warranted. As such, the request for X is not medically necessary.

The Official Disability Guidelines indicate that X of an X may be recommended for X. The physician did not elaborate on why the patient would require X before X as it was no record of X that would X. Additionally, the patient has not received authorization for the X. As such, the request for X is not medically necessary.

The Official Disability Guidelines supports the X use of X following an X. However, the patient has not received authorization for the X. Therefore, the X request is likewise not warranted. As such, the request for X is not medically necessary.

Given all the above, the requested X are not medically necessary, and the prior determination is upheld.

SOURCE OF REVIEW CRITERIA:

- 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

X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

X