

# MEDRx

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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**

The reviewer is a X who is board certified in X.

## **REVIEW OUTCOME**

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

X

The reviewer agrees with the previous adverse determination regarding the medical necessity of: X, done on different dates of service

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a now X claimant with an X from X. The mechanism of injury was detailed as X. The diagnosis for the

encounter was X. There was no documentation of X. The request for authorization of X, done on different dates of service is an appeal.

The rationale for denial of the requests was a lack of X that would support the use of X, as the guidelines stated it was not generally recommended except for in cases of X. Both the X and the X confirmed the presence of X, and the guidelines do not indicate medical necessity of X unless a diagnosis remains X after a X. Therefore, the requests were non-certified.

On X there was documentation of an X of the X that revealed X with X. No definite X. X. X. No X. X changes without X. The claimant was seen in clinic on X for chief complaint of X. X participated in X of X without X, X as well. Objective examination findings revealed X. The treating provider did indicate that the claimant was X.

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

Official Disability Guidelines- Treatment for X, Online Edition

Chapter: X

Description of Source of Screening Criteria: ODG, X, X, Last review/update date: X; X, X for Diagnosis of X, Last review/update date: X, X, X for X Conditions, Conditionally Recommended: Conditionally recommended as a X for X (defined as X in a X) with corroborative findings of X. This treatment should be X in conjunction with X. Not recommended for treatment of X resulting in X unless there are X on examination. X are not recommended as a treatment for X or for X. X at X are not recommended.

ODG Criteria

Per evidence-based guidelines, and the records submitted, this request is not medically necessary.

Regarding the requests for X, done on different dates of service, the Official Disability Guidelines state that a X for the diagnosis of X is recommended on a case-by-case basis for claimants with X to determine the X and the diagnosis remains uncertain after X using X. Specific examples include X when X differ from those found on X. To determine X when there is evidence of X. To determine X when the clinical findings are consistent with X but that X are X order to identify the X in claimants with had prior X. In the X submitted for review, there was a lack of documentation that the X and the X differed from one another. There was X documentation of X, as well as X that revealed X. Therefore, the request for X, done on different dates of service is not medically necessary.

**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**
- AHCPR- 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)**