



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

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:

Board Certified in X

REVIEW OUTCOME:

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

X

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

X for X for X to include X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. X evaluated the patient on X. X injured X at X. X had undergone X. The first was on X that included the X and X and X where the X was X. Following that X, X went to X and had a X with X until X on X. The X was noted to show a X. X was asked to get X previous records. On X, it was noted the patient had previously undergone X. A X was performed at that time. On X, Dr. X noted the X confirmed the X was the X and X was recommended. Dr. X then performed X. The patient followed-up on X and Dr. X was pleased with X progress. On X, the patient was referred to X for X. The patient was

then generally evaluated on X by X. It was noted X had undergone a X and X and X was ready for X. X was unable to X the X for any X. X was X, X was X, and X was X. In the X, X was X, X was X, X was X, and X was X. X was not tested in the X and was X to X in the X. Therapy was recommended X for X to include X and X, X, and X. The X was then evaluated on X by X. X reported X and X. X was X, X was X, X was X, X was X, X was X, and X was X. X in the X was X. X for X was recommended to include the X as previously recommended. Dr. X followed-up with the patient on X. X was X and X had X. X was advised to X. The patient then X from X through X for a total of X. As of the evaluation on X, X had X. X had not had any X for the X and reported X and X for which X was taken to the X. X currently reported X to X. X had marked X in the X and X. X was recommended.

In the X reevaluation on X, X had X was recommended. The patient X from X through X for an additional X. As of X, X had no current complaints of X. X had X. As of X, Dr. X noted the patient X. X was X and X it was X. X had X in X but X. X was advised to X as tolerated and it was noted X might require X to get to the X required of X. The patient X on X, X, and X. As of X, X had X.

X received X and X. As of X, X noted X. X with X. It was also noted X was X and X continued to be X. X complaints were unchanged on X, as was the treatment. The patient was reevaluated on X by X. X currently reported X and X in the X. This evaluation was for the X and X were recommended. X also reevaluated the X on X. X claimed X. Currently, X was X was X, X was X with X, X was X, X was X, and X was X. X was X. X continued to demonstrate X. X for X was recommended. A preauthorization request was submitted on X for X for which an adverse determination was submitted for on X. An appeal request was then submitted on X for which another adverse determination was submitted for on X.

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

The patient is a X who reportedly X. X past medical history was X. X subsequently underwent X on X by Dr. X. The patient, based on the documentation provided, did not begin X until X and had been authorized at least X of X with X. X was last seen by the X, Dr. X, on X. The note reported that X was X and it was recommended that X advance X as tolerated. There is no X examination documented of the X or X in the X documentation available for review. The request was non-certified on initial review on X by X, M.D. X non-certification was upheld on reconsideration/appeal by X, M.D. on X. Both reviewers attempted, on multiple occasions, a peer-to-peer without success and they cited the Official Disability Guidelines (ODG) as the basis of their opinions.

The ODG recommendations regarding X for X conditions is recommended based on limited evidence. It allows for X from X to X, plus X. The X after X recommends X, which the patient has exceeded. The recommendations for X for X note that there is strong evidence that X methods including X. Again they recommend X, as recommended above, plus an X, and typically recommend, for X and X, X. The

recommendations for the X and X note that X and X can be X and supported by a X in order to avoid X and X. X and X of the X typically are recommended for X. It has been reported that the patient has X of X and should be expected at this point in the treatment plan to be X. The recommendation for an additional X is not medically necessary and not supported by the objective X findings. It should be noted that there are no X regarding the X or X in the X documentation reviewed. The patient's status regarding X and X is unclear. The X documentation reviewed does not support the request as documented above. Therefore, the requested X is not medically necessary, appropriate, or supported by the evidence based ODG and the previous adverse determinations are upheld at this time.

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)**