

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]:

The Patient is a X with X and X.X symptoms include X, X and X with pain rated at X. Treatment included use of a X with X, X, X, X, X and X and X. Examination of the Patient's X documents X through the X, X on X, X, X with a X and X as well as an X. The patient's diagnoses include X, X or of the X and X. Recommended X includes X and X of the X for diagnoses of X and X.

ANALYSIS AND EXPLANATION OF THE DECISION

INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The Official Disability Guidelines (ODG) state that X is recommended for X or X or X to include X with X with support of the X and a X, with subjective clinical findings that include X of the X, complaints of X, X with X and X; and objective clinical findings that included X; imaging clinical findings including a X at the X or X, at X of X at the X or X, as well as X.

In this case, the medical records provided for review indicate that the patient has a history of an X with X, X and X as X. X demonstrates a X. However, the results of X such as X or X have not been included within the medical record to support this requested procedure. Therefore, the guideline-based criteria listed above have not been documented to have been met and according to the standard, this requested procedure is not considered medically necessary.

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

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, OUTCOMEFOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**