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Amended

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:**

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is X with a X of X. X was seen by X on X, at which time X performed X. Additionally, X procedure note clearly states that the patient received X, as well as X. Dr. X then followed-up with the patient on X, stating that X had "X" but did not provide X nor did X document X pain level X pain level. Dr. X then ordered X, which were performed on X, demonstrating X. Dr. X followed-up with the patient on X, reviewing the X and again stating that X had "X" but did not provide X nor a X. On X, Dr. X followed-up once again with the patient, documenting the same history and the same X following the combination of X and X of X. X again did not document any pain level. X recommended X. The initial physician review on X documented that a peer-to-peer discussion occurred with Dr. X on that date. The peer reviewer cited the Official Disability Guidelines (ODG) regarding X, which stated that the procedure was medically reasonable and necessary following X that occurred with "X." The ODG guidelines further state "X." Based on the ODG guidelines and Dr. X admission that X performed both X and X, the physician reviewer recommended non-authorization of the request. Dr. X then wrote an appeal letter on X, in which X stated that the patient had "X" following X and X to "X." X again admitted that X performed X. A second physician reviewer reviewed the request on X but was not successful in doing a peer-to-peer discussion with Dr. X who did not return the phone call. That reviewer also recommended non-authorization of the X.

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

Per the ODG, X is indicated for carefully selected patients with proven X, following X. The ODG then states X. It is also notes X. As noted above, Dr. X report indicated the patient received X, as well as X. Based on the documentation reviewed, Dr. X did not perform the requisite X to justify or support X. As noted above, X alone, without the use of X, is the accepted standard for interpretation of the benefits of X and the determination of whether subsequent X is medically reasonable, necessary, and indicated. Therefore, since this patient did not undergo the requisite X, any alleged results from the X is not appropriate or sufficient to justify proceeding with X. Therefore, the prior recommendations for X 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)