

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 now X who is being recommended for X, X, and X. The request includes the X, X, and X. It was indicated that the patient sustained an X when X was X.

On X the patient was seen for a follow-up visit. X continued to have X and along the X. It was stated that X would X and X and X.

On X a peer review report denied the requested X as there was X provided.

On X the patient was seen for a follow-up visit and was X since X and X. X had X which sounded like a X at the X. X had undergone X and an X which X but the X was X since the patient had become more X. The treating provider stated that they were awaiting a decision for X.

On X the requested X denial was upheld as there were no X reports provided to confirm X.

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

Official Disability Guidelines do not address the requested X. Current literature cited below states that by performing clinical examination diagnosis could be a lot X seem to be X and X. In addition, literature shows that X can provide X. The requested X was previously denied

due to no recent X or X. However, X studies cannot evaluate X and are not needed in this case. No other imaging studies are needed for the diagnosis. The previous reviews did not consider confirmation of diagnosis by X following X. X is indicated as the X. The diagnosis and X are confirmed by X following X. As such, the requested X and X is medically necessary in this case. Therefore, the prior determination is overturned.

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
- Presley 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)

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:

Board Certified in X.