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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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Per the X, the carrier accepted the diagnosis of X and X. They disputed the X as X and X. X examined the patient on X. X had X that X with associated X. X was given a X and X. On X, X continued to have X with X. X had X or X. X was X to do X or X due to X. X had an X and a X. A X was recommended. A X was obtained on X and revealed X of the X on a X. The findings produced areas of the X and X. The X was most X with X of the X and X as well as X, on the X than the X. There was X and X. There was X with X. There was also noted to be X of the X of X and X. The patient was seen in X. X was X and X was X. X was recommended at that time. In X as of X, X was still X. As of X, X still had X that X. They were awaiting a X at that time. As of X, the patient was currently X and still had X that X the X. X was X at X. X was put on X until X could be seen by X. Dr. X examined the patient on X. X had X on X, injuring X. X had X of X and X, X, and X. X pain X into the X with X and X. X pain was rated at X. X was X and X. X had a X and X, X, the X, and the X were X on the X. X had X into the X to the X to the X. X were X and X was X. X had X and X and X was X. It was noted X and extension X dated X showed X. The X was reviewed. The assessments were X, X, X, and X. The patient stated X while at X, X was putting on X. When X went to X, X sustained a X due to X. X denied X, X, or X. A X was recommended for the X and X. The patient underwent X on the X and X under X on X. X saw the patient on X. X was X and still had some pain rated at X. X had improved in the X to X. X had undergone a X on X. X was recommended and X was continued on X at X. X, D.C. performed a X Evaluation on X. The X were a X and a X and the disputed injury was an X. X stated X was injured when X was X. X to the X and X with X, X as X with the X. X reported X from X to X. The history and medical records were reviewed. On exam, X and X appeared to X. X was X, X was X, X was X, and X was X. X was X in the X. The X was X on the X. X were X at the X and X and X

at the X. X was within X. Dr. X felt X, X felt the patient was not at X. X also X the X included the X. Dr. X followed-up with the patient on X. X still had some X and X. X denied X and X symptoms X and X. On exam, X were X and X. X was X and the X. It was noted the patient complained of X into X and X. X then stated X was X and that X was X due to the X saying they did not approve X. Another X was recommended at that time, as well as X and X. An adverse determination was then submitted on X for the requested X. On X, another adverse determination was submitted for the requested X.

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

The patient underwent X on X and as of X follow-up on X, X was noted be X. X were X and X had X. When seen by the X Doctor on X, it was noted X had X rated at X. X was documented to be X in the X and X was X. When seen by Dr. X on X, X had pain rated at X and X denied X but did X in X. Here, X was noted to have X and X and X had X in X into the X, X, and X. X were X and X and X that day revealed X. The patient complained of X into the X and X and an X, as well as X and X were recommended. After the X, Dr. X noted X would recommend what X the patient would need to follow. It should be noted the ODG does not recommend repeat X unless there is evidence of X in X or X of X, X, X, X, and/or X or X. While remaining X were noted on X, there was X in X or X or X. X pain was rated at X and X in X in the X. In addition, Dr. X has not indicated how an updated X will change or X the current X for this patient. It should also be noted per Dr. X, X report, X and X done that day showed X. Therefore, the requested X is not appropriate, medically necessary, or in accordance with the 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)