

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 (DOB: X) X who is being recommended for X, as X. X diagnosis was pain in X and X, X, X, X, X, and X. The requested X was denied on X and again on X as the documentation stated that the patient was not interested in X, and it was unclear as to what X had been attempted. X of the X dated X revealed closed X with X. On X the patient was seen for ongoing complaints of X and X. X continued to have similar X and pain to the X and X and needed a X. X was doing X and had X. Upon examination there was X to the X and X. X revealed X with X. X had pronounced X compared to previous X. A correspondence dated X stated that the patient had a X to the X and had been treated with X, X, and X. X had X considerable X and had persistent X symptoms.

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

1) Do you uphold or overturn the denial of X, as not medically necessary?

Answer: The denial of X, as not medically necessary is overturned. Official Disability Guidelines (ODG) by MCG states that X may be performed for those with image confirmed X when there are X and objective findings after X with conservative management. In this case, the patient is a X with X, X, X, and X. The patient had image confirmation of X to the X. X had X and X symptoms continued to X.

Therefore, the requested X, as X is medically necessary. As such, 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)
- Other Evidence Based, Scientifically Valid, Outcome Focused Guidelines (Provide a Description)

REVIEW OUTCOME:

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

ATTESTATIONS:

This case was reviewed by a health care provider licensed to practice in Texas, if required by applicable law, and is of the appropriate specialty.

X

The clinical reviewer states the following:

X.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

X