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Notice of Independent Medical 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**

X

REVIEW OUTCOME

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

X have determined that the X, with X is not medically necessary for treatment of this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X with a date of injury of X given a diagnosis of X. There is also a history of X. On X, an appeal resulted in the prior denial being upheld for the X. On X, a denial was issued for the X. On X, the only progress note submitted, noted that the member's X. The member is X. The member is X. It noted an X of the X from X and it showed X. The X examination showed X. The member's X is X. There was X noted to be X. There was also X. It noted that X has "X." The plan was to do a X. X on X noted X.

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

The X consultant explained that Official Disability Guidelines (ODG) and treatment guidelines for X.

The X physician consultant indicated that X. The X of study design is X. Various definitions of X. Studies reporting X benefit often use X. X have assessed the efficacy of X.

The X physician consultant noted that X. X can result in X. The X can be X. X (X) and X (X). X to the X. The current estimated risk of complication with X.

The X physician consultant indicated that more X are associated with procedures in the X. This difference is most likely due to the X. As a result, X is considered X. The X can create X. X complications are more common with the X, with possible X. The X can include X. This can be caused by X. The rate of X instead of X. X has been reported.

The X physician consultant noted that X. Other X effects can include the following: (1) X. (2)X. (3)X. (4)X.

The X physician consultant indicated that in X, the authors state that overall, there is good evidence for the effectiveness of X. Evidence was

considered to X. Complications are more common with X. (X). A X review evaluated the X. X were included, but only X. X evidence for the support of X. (X). X or other X. The authors noted that X are associated with X. A X compared X. The X were X with a X. The X was between X. X, the average number of X.

The X physician consultant noted that patient X. X must be corroborated by X. A request for a procedure in a patient with X requires additional X. Secondly, the patient must be X.

The X physician consultant indicated that within the documentation available for review, there is X. Moreover, X. Finally, X. X and X were noted recently that would X. As such, the currently requested X is not medically necessary.

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:**
X
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**