

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X (X) diagnosed with X.

The patient underwent a X of the X on X which revealed X and X between X and X with X of the X; X, X between X and X; X at X through X; no X; X resulting in X and X/X at X; X at X.

The patient was evaluated on X and reported ongoing X and X than X with X, X and X. X had undergone a X and X with X and X with different X; status post X with X; status X (X) with X, X on X. The patient requested to have X at X because X felt X that X pain was at that level. X, to include a X performed on X and an X performed on X were reviewed. It was noted that the “new study revealed that there was X at X, X where the X stated that there was X”. On examination, there was pain to the X with X. X of X noted X at X, X, and X at X. X was X in the X and X was noted to be X in the X. The X and X were X. X was being considered with X, X, X, X, X, consider takedown X and X if not better from X, X, X. The patient underwent a X on the same day to determine X. The patient did not appear to be X from any X that would X. X was X cleared for X.

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

The Official Disability Guidelines state that X is conditionally recommended, when there are X (X) to X or X. The guidelines also state that X is recommended during X or X when there is X that can be detected and prevented by X. The guidelines recommend up to X.

The patient underwent a X of the X on X which revealed X and X between X and X with X of the X, X between X and X; X at X through X; no X; X resulting in X and X/X at X; X at X. On examination, there was pain to the X with X. X of X noted X at X, X, and X at X. X was X in the X and X was noted to be X in the X. The X and X tests were X. However, there was no indication the patient had X or X. There was also a X findings of X in the X. Given the above, the requested procedure X and X, X, X, X with X and X, X and X with X and X) is not medically necessary. As such, the prior determination is upheld.

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)