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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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X hit X. The diagnoses include X.

On X was seen by X, MD for X. X complained of X. The pain increased with X. The X examination revealed X. The assessment included X. The treatment plan X.

On X, X was evaluated by X, DC to determine if X had reached maximum medical improvement and if so percentage of impairment for X. X was most recently seen by Dr. X on X and on examination he reported that X. There was X. Dr. X request for X. The examination of X. X was X. X had increased X. X had X. X was X. X was X. X was X. There was X of X noted. The diagnoses were X. Dr. X stated that X should be allowed to X.

An X performed on X revealed X. The X. The X. This extended into the X. Finding X. The X was present in the X. The X was seen.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "There is no documentation of X. It is unclear why a X. Therefore, X."

Per a peer review report dated X by X, MD, the request of X requested by Dr. X was not approved with the X. X has completed X. There is no documentation of X. It is unclear why a X. In this case, the claimant presented with X. The X examination revealed X. However, the claimant is noted to have had X. There appears to be no reason that the claimant cannot X. As such, medical necessity X. Therefore, X."

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

Based on the submitted medical records, the claimant continues report X. The claimant has already completed X. The medical documentation does X. The records do not indicate the claimant X. Therefore, the request for X.

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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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

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