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Notice of Independent Medical Review Decision

Reviewer's Report

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:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X with a date of injury of X and a history of a X. A progress note dated X stated that the patient's X. X made the patient's X. The patient had X. The record noted that the X. The X examination showed

X. The member's X was X. The member's X. The member had X. this record noted that after the X.

A progress note dated X stated that the member's X. The patient was X. X had X. The patient did X. The patient did X. An X on X completely X. The X examination showed a X. X was X. The patient had X. There was X. The patient's X was X. The plan was to X

A X progress note stated that the patient's X. It noted that the patient was X, X had X. The X examination showed X. The member's X.

A X progress note stated that the patient X. X made X. The X examination was X. The plan was to X. The plan was to X.

A X progress note stated that the member had X. The X examination showed a X. There was X. The plan was to X.

A X progress note stated that the member's X. X made the X. The X was to do an X. X of the X on X showed X. A X. The patient has a history of a X. A progress note dated X stated that the patient has X. X of the X on X showed X. A record dated X noted that the patient was X.

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

The X explained that regarding the request for X. This X should be X. Not recommended for the X. X are not recommended as a X. X.” ODG guidelines also state “X. This criterion is based on an emerging concept that the true natural history of X. Evidence indicates that that X. Therefore, the following criteria should X: X should require documentation X. X is X. Based on X.” According to ODG guidelines, “When required for X”.

The X explained that within the documentation available for review, there X. Additionally, X. X and X.

Therefore, X have determined that coverage for the requested 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**
- 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

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)