

**Maximus Federal
Services, Inc. 807 S.
Jackson Road., Suite B
Pharr, TX 78577
Tel: 956-588-2900 ♦ Fax: 1-877-380-6702**

Notice of Independent Medical Review

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]:

The patient is a X who has X. The patient has a X. X was X. X treatments included X. The X has findings of X.

The X treating physician report X. It noted that the X. This examination

revealed that X. The patient appeared X. The treatment plan included X.

The X treating physician report X. It indicated that the X. There was associated X. There is X noted. The treatment plan included X.

The X treating physician report X. It noted that the patient had X. It indicated that the patient X. There was X. The pain was X. The examination revealed that the patient X. X arose from a X. X walked with an X. There were X. There was a X. X was found to be X. X was X. X was X. X were noted to show X. The treatment plan included a X.

The X treating physician report X. The X was in the X. X examination was noted. The treatment plan included an X.

The X treating physician report X. The X is X. There was X. The patient presented on this date with X. There was X. The patient was X. The X examination revealed X. There was X noted. X was noted with X. X was X. There was a X noted. The X was X. X was X. The X was X. The treatment plan X.

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

The X consultant explained that X. The patient presented with X. There was X. The patient was X. The X exam revealed X. There was a X noted. X was noted with the X. X was X. There was a X noted. The X was X. X was X. The X was X. The request was made for X.

The X consultant indicated that as per the Official Disability and Treatment Guidelines (ODG), X. This is X. The X examination did X. Additionally, the patient was noted to X. ODG also states, "X." Moreover, the patient is noted to X. The ODG guidelines state that X.

The X Consultant explained that there was 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:**
Criteria For Use Of 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)**