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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:

X

## INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

## PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who has X. The patient has had X, but X. The patient is doing X. X included X. The patient's X demonstrates X. The patient's X examination shows X.

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

The X consultant explained that according to evidence based guidelines, "based on X." The X consultant indicated that Official Disability Guidelines (ODG) guidelines criteria for X. There is no evidence that X. (1)X. (2)X. A X. Approval of a X. There should be an X. This recommendation only applies to the X." The X consultant explained that the requested 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.   |   |
| <b>⊠ODG- OFFICIAL DISABILITY GUIDELINES &amp;</b> TREATMENT GUIDELINES:   |   |
| PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR                             | ? |
| TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS |   |
| TMF SCREENING CRITERIA MANUAL   |   |
| <b>⊠PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE</b>              |   |
| OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME                       |   |
| FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)                                |   |