



- Victory medical records – various providers – (2/15/05 to present)
- L-5 x-ray noted in 6/12/06 note by Dr. PA
- 8/17/06 ED report from Dr.
- Dr. clinical notes (8/24/06 – 3/23/07)
- ER visit notes (10/21/06)
- Physical therapy note (4/24/07)
- Designated Doctor Evaluation per Dr. (4/18/07)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient sustained a back injury on xx/xx/xx. She received extensive treatment including rest off work, medications, heat, ice, physical therapy, chiropractic care, one ESI, TENS, and occupational counseling. A discogram was requested but no results are submitted if this procedure was done. Patient’s symptoms persisted. A request and appeal for additional physical therapy was denied.

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

PATIENT HAD A BACK INJURY ON XX/XX/XX THAT WAS AN ACUTE L-5 STRAIN. SHE WAS DIAGNOSED WITH SPONDYLOSIS, PARS DEFECT, SPONDYLOLISTHESIS, AND HNP WHICH APPEAR TO BE ISSUES PRIOR TO THE COMPENSABLE INJURY. SUBMITTED RECORDS INDICATE SHE HAD BACK PAIN AND WAS RECEIVING TREATMENT PRIOR TO HER COMPENSABLE INJURY. FURTHERMORE, SHE HAS HAD EXTENSIVE TREATMENT INCLUDING PHYSICAL THERAPY AND CHIROPRACTIC WITH PHYSICAL THERAPY MODALITIES WITHOUT ANY SIGNIFICANT SUSTAINED IMPROVEMENT. IT IS DOUBTFUL SHE WOULD IMPROVE WITH FURTHER PHYSICAL THERAPY AT THIS POINT. HER COMPENSABLE INJURY HAS SELF LIMITING IMPLICATIONS AND SHOULD HAVE RESOLVED IN 2-3 MONTHS AS DR. AND DR. HAVE DOCUMENTED. LASTLY, EVEN IF IT WERE REASONABLE AND NECESSARY FOR THIS PATIENT TO PROCEED WITH MORE PHYSICAL THERAPY, IT IS UNLIKELY SHE COULD TOLERATE 2 HOURS OF INTENSIVE PHYSICAL THERAPY FOR 12 SESSIONS DUE TO HER PAIN LEVEL AND DECONDITIONING AS NOTED ON HER PPE DATED 3/29/07.

**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**

**AHCPR- 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**
- 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)**