Health Decisions, Inc.

1900 Wickham Drive
Burleson, TX 76028
P 972-800-0641
F 888-349-9735

August 16, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Arthroscopy of Right Shoulder

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
Patient is a XXXX noted to have sustained a shoulder injury. The diagnosis is listed as a SLAP lesion. The MRI of the right shoulder reports no significant acromioclavicular arthropathy, a small labral cyst, and a superior labral tear is suspected. No other pathology is noted. The physician is requesting right shoulder arthroscopy labral repair.

XXXX: Reason for Appointment: New WC-right shoulder-SA. HPI: Constitutional: **XXXX** presents with c/o joint pains right shoulder. Denies: Anorexia, fatigue, fever, myalgia, night swears, weight gain or weight loss, and relapsing ms. New injury – right shoulder and neck. **XXXX**. Pt states XXXX was doing **XXXX**. Over the last XXXX months the pain has turned into an achy pain that is radiating to right trapezius and right side base of neck. XXXX talked to XXXX family doctor about this who prescribed XXXX an anti-inflammatory that XXXX cannot remember and XXXX, neither of which helped XXXX XXXX says. Pt states XXXX is now taking OTC XXXX twice a day and that is helping a little. Pain rate 5/10. XXXX denies previous neck or shoulder injury. Assessments: 1) Unspecified sprain of right shoulder joint, initial encounter – S43.401A (Primary). 2) Strain of muscle, fascia and tendon at neck level, initial encounter – S16.1XXA. Treatment: 1) Unspecified sprain of right shoulder joint, initial encounter-Start XX, 4mg, as directed, orally, daily, 1 pack, no refills. Notes: RTW full duty; Ice compress often; Cont. XXXX; Start XXXX tomorrow; Sched MRI rt shoulder; RTC 11/13, if pain continues will consider PT for shoulder sprain and cervical strain. 2) Strain of muscle,

fascia and tendon at neck level, initial encounter. Therapeutic injections – XXXX given on left hip intramuscular. F/U on XXXX.

XXXX – MRI Report- XXXX: Right shoulder 2 views. History: shoulder pain, XXXX (Hx). Comparison: Cervical spine XXXX. Findings: There is bony deformity of the glenoid most likely congenital, developmental or chronic post-traumatic. Articular alignment is maintained. No acute fractures are identified. The soft tissues appear within limits of normal. Impression: Bunion deformity of the bony glenoid as noted. Correlate with prior studies and follow-up with additional imaging such as MRI as clinically indicated.

XXXX – MRI Report of Cervical Spine- XXXX: Cervical spine 4 views. History: cervical pain, injured doing rescues during storm (Hx). Comparison: None. Findings: There is degenerative disc disease and disc space narrowing at C4-5 and C5-6. There is asymmetric right C5-6 uncovertebral facet spurring and sclerosis with asymmetric right apophyseal joint degeneration. There are no fractures or subluxations. The apophyseal joints are aligned. The cervical soft tissues appear within limits of normal. Impression: Mild mid-cervical spondylosis and straightening of cervical lordosis. No acute osseous abnormality is identified.

XXXX – Physician Notes- XXXX: Reason for Appointment: WC F/U. HPI: Constitutional: XXXX presents with c/o joint pains in right shoulder. Denies: Anorexia; fatigue; fever; myalgia; night sweats; weight gain; weight loss; relapsing ms. Pt is WCFU. XXXX states no changes or improvements. Pt states the injection and the XXXX did not help relieve pain to shoulder or trapezius area. XXXX is taking XXXX l, XXXX says it helps a little. XXXX reports pain to right shoulder is constant and radiates to trapezius. Pain worsened with rotating head to right. Pain rate 5/10. Assessments: 1) Strain of muscle, fascia and tendon at neck level, subsequent encounter – S16.1XXD (Primary). 2) Unspecified sprain of right shoulder joint, subsequent encounter – S43.401D. Treatment: 1) Strain of muscle, fascia and tendon at neck level, subsequent encounter. Imaging: MRI: Cervical w/o contrast; Imaging: MRI: Shoulder, right w/o contrast. Notes: RTW full duty; XXXX or NSAID as needed; Sched PT eval and treat right shoulder sprain and cervical strain; Sched MRI rt shoulder and C-Spine; Referral to: PT-pending; Referral to MRI C-Spine and MRI Rt shoulder-pending.

XXXX – Physical Therapy Notes- XXXX: Diagnosis: ICD10:S16.1XXS: Strain of muscle, fascia and tendon at neck level, sequela, S43.401S: Unspecified sprain of right shoulder joint, sequela, M25.511: Pain in right shoulder. Treatment Diagnosis: ICD10: S16.1XXS: Strain of muscle, fascia and tendon at neck level, sequela, S43.401S: Unspecified sprain of right shoulder joint, sequela, M25.511: Pain in right shoulder, R29.3: Abnormal posture, M62.81: Muscle weakness (generalized). Treatment side: right. History of present condition/Mechanism of injury: Pt reports onset of neck and shoulder pain on XXXX while XXXX. Pt reports pain remained the same with aching, throbbing pain in right side of neck radiating sharp pain down right side shoulder with certain movements. Pt reports seeing doctor for the same and having an x-ray performed with MRI pending indicating muscle strain of right side shoulder and neck with medication treatment and injection in right hip. Pt reports no change in symptoms. Pt reports pain persists with overhead prolonged activity. Primary Concern/Chief Complaint: Pt complains of constant moderate to severe aching, throbbing pain in right side neck radiating sharp pain down right-side shoulder with overhead movements associated with moderate stiffness.

Assessment/Diagnosis: Patients condition is moderate complicated by the nature of XXXX injury and the inconsistency or the pain and the pain distribution makes XXXX condition unstable. Pt did respond to positional changes and manual therapy intervention that reduced XXXX condition. Pt should benefit from skilled PT to resolve pain and restore function. Primary Functional Limitations: Carrying, moving and handling objects. Current Status: G8984: CI, at least 1% but <20% impaired, limited or restricted. Projected Goal Status: G8985: CH, 0% impaired, limited or restricted. Patient demonstrates compliance with prescribed HEP. Patient problems: -Limitation with carrying, moving and handling objects; -Pain in cervical/thoracic spine with radiculopathy into right shoulder; -Decrease strength right shoulder; -Poor posture producing bad body mechanics. Short Term Goals: 1: (2 weeks) –decrease pain 2/10 so patient can sit without pain. 2: (2 weeks) –Increase strength to 3+/5. 3: (2 weeks) –Restore posture in sitting. Long Term Goals: 1: (4 weeks) -0% impaired, limited or restricted with carrying, moving and handling objects. 2: (4 weeks) –Resolve pain so patient can resume all activities. 3: (4 weeks) –Increase strength to 4+/5. 4: (4 weeks) –Restore posture in standing. Plan: Frequency: 2-3 times a week. Duration: 4 weeks. Plan: Begin plan as outlined. Treatment to be provided: Procedures: Therapeutic exercises (ROM, strength), Neuromuscular rehabilitation (Balance/Proprioception training, muscle re-education), Manual therapy (Soft tissue mobilization, joint mobilization, muscle energy techniques, manual resistive exercise). Modalities: To improve (pain relief, decrease inflammation), Ultrasound/Photopheresis (1MHz, intensity: 1.5 w/cm^2, duty cycle: 100%, Duration: 8 minutes, Location: cervical and right shoulder).

XXXX – Physician Notes- XXXX: Reason for Appointment: WCFU. HPI: Constitutional: XXXX presents with c/o joint pains right shoulder. Denies: anorexia, fatigue, fever, myalgia, night sweats, weight gain, weight loss and relapsing ms. WCFU – Pt states XXXX right shoulder is slightly better when resting shoulder, but XXXX still has pain when lifting with and raising right arm, pain rate 8/10. XXXX is still doing PT, which XXXX reports has helped relieve XXXX neck pain. XXXX would like the results of XXXX MRI C-Spine and right shoulder. Assessments: 1. Unspecified sprain of right shoulder joint, subsequent encounter – S43.401D (Primary). 2. Strain of muscle, fascia and tendon at neck level, subsequent encounter – S16.1XXD. 3. Superior glenoid labrum lesion of right shoulder, subsequent encounter – S43.431D. Treatment: 1. Unspecified sprain of right shoulder joint, subsequent encounter. Notes: RTW full duty; Continue PT as sched; Refer to ortho-right SLAP tear. F/U XXXX.

XXXX – Physical Therapy Discharge Summary- XXXX: Assessment/Diagnosis: Pt has gotten stronger but XXXX is still having a lot of pain but PT has been pre-habilitation if XXXX doctor deems XXXX needs surgery. Primary Functional Limitations: Carrying, moving and handling objects. Discharge Status: G8986: CI, At least 1% but <20% impaired, limited or restricted. Projected Goal Status: G8985: CH, 0% impaired, limited or restricted. Patient Problems: -Limitations with carrying, moving and handling objects; -Pain in cervical/thoracic spine with radiculopathy into right shoulder; -Decrease strength right shoulder; -Poor posture producing bad body mechanics. Short Term Goals: 1: (2 weeks) -80% /decrease pain 2/10 so patient can sit without pain. /4/10. 2: (2 weeks) –Goal Met/ Increase strength to 3+/5. 3: (2 weeks) – 80%/ restore posture in sitting/ 80% of the time sitting proper. Long Term Goals: 1: (4 weeks) -100%/ At least 1% but less than 20% impaired, limited or restricted with carrying, moving and handling objects. 2: (4 weeks) – 60%/ resolve pain so patient can resume all activities/ 4/10. 3: (4 weeks) –

55%/ increase strength to 4+/5 /3+/5. 4: (4 weeks) – 85% / restore posture in standing / 85% of the time standing proper. Plan: Reason: Patient reached XXXX potential at this time. Discharged.

XXXX: Reason for Appointment: WCFU – SA. HPI: Constitutional: XXXX presents with c/o joint pains right shoulder. Denies: anorexia, fatigue, fever, myalgia, night sweats, weight gain, weight loss, and relapsing ms. Pt is WCFU – right shoulder labral tear. XXXX had XXXX last PT session last week and states no improvements. XXXX is still having pain in XXXX right shoulder that gets worse and worse throughout the day and when raising right arm above chest height, pain rate 8/10. XXXX reports dull ache at rest. XXXX has XXXX first ortho appt with XXXX. Pt states XXXX received a letter from WC stating they will not pay for anything else concerning XXXX neck. Assessments: 1: Superior glenoid labrum lesion of right shoulder, subsequent encounter – S43.431D (Primary). Treatment: 1: Superior glenoid labrum lesion of right shoulder, subsequent encounter – Notes: RTW full duty unless XXXX advises restrictions; NSAIDS as needed. Follow up in 4 weeks.

XXXX – Orthopedic Notes- XXXX: Evaluation Type: New patient – Initial evaluation. Chief complaint: Right shoulder. HPI: Duration: 4 months, 2 weeks and 6 days. Therapy: I have received therapy for my shoulder condition. Surgery: I have not had any surgery for my shoulder condition. Onset: Suddenly. Cause: After a period of strenuous activity. Pain Level: Getting worse. The patient indicated that the affected shoulder pops or grinds, aches, has a burning sensation, feels weak and hurts. I have not had a prior similar shoulder problem. I have recently injured my shoulder and have severe pain that prevents me from using it. The patient indicated that they had shoulder pain while reaching into backseat of car, putting on a seatbelt, washing car, adjusting the car mirror or radio, performing gardening or yard work, performing housework, pain at night interfering with sleep, starting a lawnmower, coming or drying hair, pushing or pulling, lifting, pouring tea or milk from a pitcher, reaching overhead, reaching out to side and carrying heavy objects. The patient indicated that their shoulder problem interfered with the following sports: general exercise. Work status: I have not changed my work to adjust for my shoulder. For my shoulder problem I have already seen my regular doctor and physical therapist. I was treated with medications. I have not received an injection for my shoulder condition. R. Shoulder History: Prior shoulder problems. Symptoms began on XXXX. The pt is complaining of pain in the shoulder, pain at night interfering with ability to sleep and weakness. Pain: Pain level is increased. All the time of the injury, the patient was XXXX at work. Previous treatment consisted of selective rest, activity modification, prescription NSAID, pain medication, PT performed at home and PT facility, treatment by another MD and another orthopedic surgeon. Impression: R shoulder/arm: Glenoid dysplasia with early arthritis. SLAP 726.19 (840.7) (S43.431D). Posterior labrum tear (M24). (718.31) (M24.9). Plan: R. shoulder/arm: Selective rest. The pt requested an injection. Activity modification. Pain medication. Return to office only if needed.

XXXX: Reason for Appointment: WC FU – right shoulder – DOI XXXX –JH. HPI: Constitutional: Denies: anorexia, fatigue, fever, myalgia, night sweats, weight gain, weight loss and relapsing ms. Joint pains right shoulder pain. XXXX WCFU – right shoulder injury. Pt states that XXXX gave XXXX a cortisone injection XXXX which did help some but XXXX states that it seemed to only help for about 1 week. Pt states XXXX can raise XXXX right arm but it causes

XXXX pain. XXXX also states some weight lifting causes XXXX pain as well but it all seems to depend on the angle or movement. Pt states that XXXX is not doing PT anymore and was told by XXXX that it would probably cause more trouble than help. Pt states that XXXX is using XXXX for XXXX pain which doesn't really help. Pt states that XXXX is working full duty. Assessments: 1) Superior glenoid labrum lesion of right shoulder, subsequent encounter – S43.431D (Primary). Treatment: 1) Superior glenoid labrum lesion of right shoulder, subsequent encounter. Notes: RTW full duty; Follow up with XXXX as scheduled; Continue XXXX during the day, ice to shoulder as needed. RTC XXXX. Follow up in 4 weeks.

XXXX: Evaluation Type: Established patient office visit. R Shoulder History: A cortisone injection given previously relieved symptoms of pain and discomfort for a few days. Active ROM (Constant Score): Forward flexion = 155 degrees. Abduction = 155 degrees. External rotation with the arm at side = 25 degrees. Internal rotation to buttock. Passive ROM = Active ROM. Impingement Signs in flexion, abduction/internal rotation and abduction were negative. Strength was normal when the patient was tested for resisted elevation, external rotation, internal rotation and subscapularis push-off. Muscle Pain Tests: No pain was elicited with resisted elevation, external rotation, abduction, or internal rotation. Stability was normal when the patient was tested for sulcus, Rowe, abduction/external rotation and posterior translation. Neurovascular Exam: Normal. Jobe test was negative. External rotation lag sign was negative. Horn blower sign was negative. Lift off test was negative. Belly press test was negative. Impression – R Shoulder/Arm: Glenoid dysplasia with progressive arthritis and posterior subluxation. Superior labrum tear 726.19 (840.7) (S43.431D). Posterior labrum tear (M24) (718.31) (M24.9). Plan R Shoulder/Arm: Patient desires fluoroscopy guided injection by radiology. If symptoms continue or increase consider surgical correction. Shoulder Surgery Recommended: Labral repair, possible, arthroscopic subacromial decompression (29826) and arthroscopic contracture release (29825). Biceps tenodesis – Possible. Arthroscopic glenohumeral joint debridement – extensive (29823).

XXXX – Fluoroscopy Report- XXXX: Fluoroscopically guided injection of the right shoulder with steroid and XXXX. Comparison: No prior exams available. Findings: After informed consent was obtained a needle was placed in the 2nd web space with fluoroscopic guidance. Its position was confirmed by injecting XXXX and obtaining an AP radiograph. Subsequently XXXX was injected. No immediate complications were encountered. 40 seconds of fluoroscopy time was utilized. Impression: Technically successful steroid injection of the right shoulder.

XXXX: Evaluation Type: Established patient office visit. R Shoulder History: A cortisone injection given previously relieved symptoms of pain and discomfort for a few days. Active ROM (Constant Score): Forward flexion = 155 degrees. Abduction = 155 degrees. External rotation with the arm at side = 25 degrees. Internal rotation to buttock. Passive ROM = Active ROM. Impingement Signs in flexion, abduction/internal rotation and abduction were negative. Strength was normal when the patient was tested for resisted elevation, external rotation, internal rotation and subscapularis push-off. Muscle Pain Tests: No pain was elicited with resisted elevation, external rotation, abduction, or internal rotation. Stability was normal when the patient was tested for sulcus, Rowe, abduction/external rotation and posterior translation. Neurovascular Exam: Normal. Jobe test was negative. External rotation lag sign was negative. Horn blower sign was negative. Lift off test was negative. Belly press test was negative. Impression – R

Shoulder/Arm: Glenoid dysplasia with progressive arthritis and posterior subluxation. Superior labrum tear 726.19 (840.7) (S43.431D). Posterior labrum tear (M24) (718.31) (M24.9). Plan R Shoulder/Arm: Shoulder surgery recommended: Labral repair, possible, arthroscopic subacromial decompression (29826) and arthroscopic contracture release (29825). Biceps tenodesis – Possible. Arthroscopic glenohumeral joint debridement – extensive (29823).

XXXX – URA Determination- XXXX: S43.431A Superior glenoid labrum lesion of right shoulder, initial encounter. Determination Note: IMO Physician Advisor XX, MD Orthopedic Surgery has non-authorized medical necessity for Right Shoulder Arthroscopy Labral Repair, Subacromial Decompression, Contracture Release, Possible Biceps Tenodesis, and Glenohumeral Joint Debridement. Rationale: Request: Request received from XXXX for Right Shoulder Arthroscopy Labral Repair, Subacromial Decompression, Contracture Release, Possible Biceps Tenodesis, and Glenohumeral Joint Debridement with clinical reports reviewed dated through XXXX. Rationale: Understanding this individual sustained a shoulder injury, there is a near full active range of motion. No significant functional losses are identified. Furthermore, when noted the specific criterion, the MRI did not establish the type of label lesion that is currently present. Therefore, when considering the specific parameters identified in the ODG, there is insufficient information presented to support this request. Furthermore, I spoke with XXXX, who stated the patient had a steroid injection when gave 3 months relief. The patient was seen in XXXX for the first time, and had done therapy by that time. The patient seemed to be improving, however, in XXXX the patient reported increasing pain. The MRI showed a posterior labrum tear, and a SLAP tear, per the designee. After review of the MRI and the discussion, it is still unclear why the patient needs the various surgeries, as the MRI report shows a cyst; therefore, the request remains not medically necessary.

XXXX – Adverse Determination Letter- XXXX: Description: Superior glenoid labrum lesion of right shoulder, initial encounter. Reconsideration Determination Note: IMO Physician Advisor XXXX has non-authorized reconsideration for Right Shoulder Arthroscopy Labral Repair, Subacromial Decompression, Contracture Release, Biceps Tenodesis, Glenohumeral Joint Debridement as not medically necessary. Rationale: Request: Reconsideration Request Right Shoulder Arthroscopy Labral Repair, Subacromial Decompression, Contracture Release, Biceps Tenodesis, and Glenohumeral Joint Debridement. Rationale: Understanding this individual has ongoing shoulder complaints, the MRI study failed to objectify the type of a labrum lesion. It is noted there is a superior labral tear; however, the typing as noted in the ODG is not presented. Given there are restrictions to the type of glenoid labrum lesion that is supported for surgical interventions, this particular lack of information would indicate this is not indicated based on this information. There is insufficient objective information presented to support this request. Determination: Non-authorized. This is not clinically indicated.

XXXX – Orthopedic Notes- XXXX: Evaluation Type: Established patient office visit. R Shoulder History: The patients function of the shoulder is worse, feels that the strength is decreasing, stability worse, states that the pain is getting worse and states that the shoulder movement is worse. Active Range of Motion (constant score): Forward flexion = 65 degrees. Abduction = 55 degrees. External rotation with the arm at side = 25 degrees. Internal rotation to buttock. Passive ROM = Active ROM. Impingement Signs in flexion, abduction/internal rotation and abduction were negative. Strength was normal when the patient was tested for resisted

elevation, external rotation, internal rotation and subscapularis push-off. Muscle Pain Tests: No pain was elicited with resisted elevation, external rotation, abduction, or internal rotation. Stability was normal when the patient was tested for sulcus, Rowe, abduction/external rotation and posterior translation. Neurovascular Exam: Normal. Jobe test was negative. External rotation lag sign was negative. Horn blower sign was negative. Lift off test was negative. Belly press test was negative. Office X-rays: Glenoid dysplasia with progressive arthritis and posterior subluxation. Superior labrum tear 726.19 (840.7) (S43.431D). Posterior labrum tear (M24) (718.31) (M24.9). Plan R Shoulder/Arm: CT diagnostic test. Patient instructed to return to office after tests.

XXXX – CT Scan Report- XXXX: CT Scan right shoulder with reconstruction. Diagnosis: 1) There is deformity and bon loss of the posterior glenoid likely related to old trauma and may represent a chronic reverse bony Bankart lesion. There is also flattening and mild deformity of the anterior superior humeral head compatible with a reverse Hill-Sachs lesion. 2) No evidence of rotator cuff muscle belly atrophy. 3) There is a moderate sized bulla adjacent to the right hilum. Comment: 1) 25mm axial slices are obtained of the right shoulder with reconstruction.

XXXX – Orthopedic Notes- XXXX: Evaluation Type: Established patient office visit. R Shoulder History: The patient feels that there has been no symptom change from the prior visit. Active Range of Motion (constant score): Forward flexion = 65 degrees. Abduction = 55 degrees. External rotation with the arm at side = 25 degrees. Internal rotation to buttock. Passive ROM = Active ROM. Impingement Signs in flexion, abduction/internal rotation and abduction were negative. Strength was normal when the patient was tested for resisted elevation, external rotation, internal rotation and subscapularis push-off. Muscle Pain Tests: No pain was elicited with resisted elevation, external rotation, abduction, or internal rotation. Stability was normal when the patient was tested for sulcus, Rowe, abduction/external rotation and posterior translation. Neurovascular Exam: Normal. Jobe test was negative. External rotation lag sign was negative. Horn blower sign was negative. Lift off test was negative. Belly press test was negative. Impression – R Shoulder/Arm: Glenoid dysplasia with progressive arthritis and posterior subluxation. Superior labrum tear 726.19 (840.7) (S43.431D). Posterior labrum tear (M24) (718.31) (M24.9). Plan R Shoulder/Arm: Long discussion over continued non-operative treatment (unsuccessful to this point) vs ATS debridement (denied by work comp to this point) vs hemiarthroplasty. Have recommended ATS debridement as temporizing procedure.

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

The request for right shoulder arthroscopy is approved and has been found to be medically necessary. I am overturning the previous decision to refuse service for this arthroscopy.

This patient is a **XXXX** who injured XXXX right shoulder while **XXXX**. The **XXXX** MRI of the shoulder demonstrated a bony deformity in the glenoid, which was confirmed as a reverse bony Bankart lesion in the **XXXX** CT scan. The record also indicates that XXXX may have a superior labral tear.

XXXX has completed a course of physical therapy, medication and cortisone injections. XXXX

had short-term pain relief following the cortisone injections. XXXX currently has shoulder pain and significant limitation in active motion of the right shoulder. The treating physician has recommended shoulder arthroscopy with debridement.

The Official Disability Guidelines (ODG) supports diagnostic arthroscopy for patients who have failed conservative care who have subjective clinical findings with inconclusive imaging.

This patient satisfies the ODG criteria for shoulder arthroscopy. XXXX condition will not improve with continued conservative care. XXXX had no functional problems with XXXX shoulder prior to this work accident. The requested procedure is medically necessary.

Per ODG:
ODG Criteria XX

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)**