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February 1, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Chronic Pain Program 10 sessions/80 units/3x week

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified in Pain Medicine for over 10 years

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

☒ Upheld (Agree)

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 presents as a XX year old XX who sustained an injury on XXXX due to XXXX resulting in low back pain. XX was diagnosed with pain disorder with related psychological factors, radiculopathy of the lumbar region, and strain of muscle, fascia and tendon of lower back, initial encounter and subsequent encounter.

XXXX – Physical Therapy Notes-XXXX, PT: Symptom location: Lumbar/Sacral Spine-XX describes the pain as aching and tightness. Other symptoms include no numbness, no pins and needles, no radiating and no tingling. Onset was sudden. The symptoms occur intermittently. XX describes this as moderate and unchanged. XX condition is aggravated by bending, carrying, lifting, exercise and twisting. XX condition is alleviated by rest and heat. Evaluation: Lumbar strain (847.2) (S39.012A). Therapy Assessment: The pt assessment is consistent with the medical diagnosis referenced above. Impairment List: AROM, pain, muscle performance and joint mobility. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt c/o of 8/10 lumbar pain incidence during exercises and demonstrated limited gross trunk AROM and core strength. Therapy is indicated for the above noted practice pattern and impairments. The pt is a good candidate for therapy intervention and demonstrates good prognosis for improvement. Plan: Frequency and Duration: Pt to be seen 3 times a week for 2 weeks. Interventions: Therapeutic exercises such as stretching, strengthening, stabilization, aerobic conditioning to address the impairments of ROM, muscle performance, postural stability, aerobic capacity. This will include pt education to address posture, body mechanics and home program. Therapeutic activities such as lifting, pushing, pulling, carrying, climbing to address the ability to perform the identified essential functions. Neuromuscular re-education utilizing such as balance, posture, coordination and kinesthetic awareness to enhance muscle performance and motor function. Manual therapy such as joint and soft tissue mobilization to address the impairments of joint mobility and soft tissue restrictions. Modalities such as heat/cold to address localized pain and inflammation. Anticipate utilizing the following CPT codes during the course of

this pt's treatment: 97162 PT Reassessment; 97110 Therapeutic Exercise 4 units; 97112 Neuromuscular Re-education 2 units; 97140 Manual Therapy 2 units; 97530 Therapeutic Activities 2 units.

XXXX – Physical Therapy Notes-XXXX, PT: Pt status: c/o of 6/10 lumbar incidence at rest and notes a 50% overall improvement since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A). Therapy Assessment: Overall progress: As expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased gross trunk AROM and climbing ability compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity and manual therapy.

XXXX – Physical Therapy Notes-XXXX, PT: Pt status: Pt c/o of 4/10 lumbar pain incidence at rest and reports 50% overall improvement since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A). Therapy Assessment: Overall progress: As expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased push/pulling strength and climbing ability compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity and manual therapy.

XXXX – Physical Therapy Notes-XXXX, PT: Pt status: Pt c/o of 4/10 lumbar pain incidence at rest and reports 50% overall improvement since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A). Therapy Assessment: Overall progress: As expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased gross trunk flexion and extension AROM compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity and manual therapy.

XXXX – Physical Therapy Notes-XXXX, PT: Pt status: Pt c/o of 4/10 lumbar pain incidence at rest and notes increased pain intensity when performing gross trunk flexion and rotation. XX reports 60% overall improvement since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A). Therapy Assessment: Overall progress: As expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased pushing/pulling and lifting strengths compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity and manual therapy.

XXXX – Physical Therapy Notes-XXXX, PT: Pt c/o of 3/10 lumbar pain incidence at rest, which increases with bending and lifting activities and XX reports 60% overall improvement since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A). Therapy Assessment: Overall progress: As expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased pushing/pulling and lifting strength and ambulatory endurance compared to last treatment. XX reports decreased pain intensity following manual techniques. Treatment Progression: Patient to return to the referring physician. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: Pt c/o of 5/10 lumbar pain incidence, concentrated at R

paraspinals, at rest pre-treatment and notes a 50% overall improvement since XX original injury. XX reports increased pain intensity with gross trunk extension activities. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A). Therapy Assessment: Overall progress: As expected. Response to current treatment: The pt reported benefit from the current treatment as noted by a reduction in symptoms. Pt reports decreased lumbar pain intensity following treatment. Treatment Progression: Patient to return to the referring physician. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: Pt c/o of 5/10 R lumbar pain incidence at rest pre-treatment and notes a 50% overall improvement since XX original injury. XX reports increased pain intensity when helping XX move items this morning. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A); Strain of lumbar, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall progress: Slower than expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt c/o of increased R paraspinal pain incidence when performing gross trunk flexion and lifting activities during today's treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: Pt c/o of 4/10 lumbar pain incidence, concentrated at the R paraspinals, at rest and with movement and notes XX "woke up with stiffness this morning." XX reports a 50% overall improvement since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A); Strain of lumbar, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall progress: Slower than expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt c/o of 5/10 localized R L4 lumbar pain incidence throughout treatment. Pt education performed on normal healing process. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise and manual therapy.

XXXX – Physical Therapy Notes-XXXX, PT: Pt c/o of 4-5/10 lumbar pain incidence, localized at the R L4 vertebral level, at rest and notes a 70% overall improvement since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A); Strain of lumbar, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall progress: Slower than expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt c/o of increased R L4 vertebral pain intensity with lifting. XX demonstrated increased pushing/pulling strength compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: Pt c/o of 3-4/10 lumbar pain incidence, localized at the R L4 vertebral level, at rest and reports "less pain" compared to last treatment. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A); Strain of lumbar, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall progress: Slower than expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased pushing/pulling strength compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: Pt c/o of 4/10 lumbar pain incidence at rest, which increases with bending and lifting activities and XX reports 40% overall improvement since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Lumbar strain (847.2) (S39.012A); Strain of lumbar, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall progress: Slower than expected. The pt demonstrates increased functional strength and endurance, with limitations in both present, since initiating physical therapy services. XX notes anxiety and presents with fear avoidance during lifting activities. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt presents with decreased R lumbar pain intensity following exercises and manual techniques. Treatment Progression: Pt to return to the referring physician. F/U Plans: Continue HEP daily.

XXXX – Physician Notes- **XXXX**, MD: Reason for visit: Chief complaint: The pt presents today with strain of lumbar region. Pt states back still hurts, PT was helping, working light duty, taking med. 4/10 pain, 70% better. HPI: XXXX is returning for a recheck of injuries: Pt is working restricted duty, has completed XX PT, but feels that has helped and would like to see if we can do 6 more sessions. Complaint of back pain. Injury History: previously documented. Symptoms are improving. There is bilateral lower back pain. The symptoms occur occasionally. XX describes XX pain as dull in nature. The severity of the pain is moderate. XX has a current pain level of 3/10. Associated symptoms include back stiffness. Exacerbating factors include bending and lifting. Relieving factors include nonsteroidal anti-inflammatory drugs and physical therapy. Assessment: Strain of lumbar region, subsequent encounter (V58.89, 847.012D) (S39.012D). Plan: PT referral requested today, frequency 3 times a week for 2 weeks.

XXXX – Physical Therapy Notes- **XXXX**, PT: Patient Status: Pt states "I'm continuing having pain in the right side of my lower back, the pain was in all my back but with therapy it has been getting better, but now it's only in the right side of my LB." XX can perform ADLs independently. XX reports they are performing their home exercise program daily. Evaluation: Strain of lumbar region, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall Progress: As expected. Pt presents with R SI joint dysfunction; type R PI. Pt was agreeable with manual therapy correction. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt tolerated well treatment w/o increase of pain. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physician Notes- **XXXX**, NP: Reason for visit: Chief complaint: The pt presents today with complaints of pain of 4/10. XX ran out of pain med. XX is on light duty. Self-reported. HPI: Pt presents to the clinic for a recheck of XX low back. XX believes XX is approx. 40% better with a pain level of 4/10; pain described as sharp in the morning after waking and sometimes during work. XX is completing a 2nd round of PT with 1 visit so far into this round. XX believes PT is helping XX symptoms. XX is working light duty and taking XX meds and is requesting refills. Assessment: Strain of lumbar region, subsequent encounter (V58.89, 847.2) (S39.012D); Encounter for preventive health exam (V70.0) (Z00.00). Plan: Renew Cyclobenzaprine HCI 10mg oral tablet 1 tablet at bedtime; Renew Naproxen 500mg oral tablet 1 tablet every 12 hours as needed. Will consider an MRI if low back symptoms do not continue to improve with PT. None of the pt's meds for this encounter were dispensed in the center.

XXXX – Physical Therapy Notes-XXXX, PT: Pt reports an overall improvement of 80% since XX original injury with 3/10 lumbar pain incidence at rest. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Strain of lumbar region, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall Progress: As expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased gross trunk extension and B side bending AROM, with increased lifting and pushing/pulling strengths, compared to last treatment. Treatment

Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: The pt c/o increased lumbar pain intensity upon awakening this morning with 3/10 lumbar pain incidence at rest pre-treatment. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Strain of lumbar region, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall Progress: Slower than expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased lifting strength compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: Pt status: The pt c/o 3/10 lumbar pain incidence at rest and notes an overall improvement of 85-90% since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Strain of lumbar region, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall Progress: Slower than expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased lifting strength and ambulatory endurance compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: Pt status: The pt c/o awakening with increased lumbar pain intensity and notes 3/10 lumbar pain incidence at rest pre-treatment. XX reports an overall improvement of 85% since XX original injury. XX can perform ADLs independently. XX cannot perform recreational activities independently. Pt reports they are performing their home exercise program daily. Evaluation: Strain of lumbar region, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall Progress: Slower than expected. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. Pt demonstrated increased carrying strength compared to last treatment. Treatment Progression: Continue therapy per treatment plan. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physical Therapy Notes-XXXX, PT: Pt status: The pt c/o 3/10 lumbar pain incidence at rest and notes an overall improvement of 85% since XX original injury. Evaluation: Strain of lumbar region, subsequent encounter (V58.89, 847.012D) (S39.012D). Therapy Assessment: Overall Progress: As expected. The pt demonstrates increased gross trunk AROM and core and functional strengths since initiating physical therapy services and has achieved all functional goals. Response to current treatment: The pt tolerated the current treatment well with no adverse reaction. The pt demonstrated increased carrying strength compared to last treatment. Treatment Progression: Therapist is discharging the pt from therapy services secondary to the anticipated goals or expected outcomes for the pt having been achieved. Follow up plans: Continue HEP daily. Exercises performed today include: Therapeutic exercise, therapeutic activity, manual therapy and neuromuscular re-education.

XXXX – Physician Notes- **XXXX**, NP: Reason for visit: Chief complaint: The pt presents today with a pain level of 6/10. XX takes pain meds, is on light duty at work. 60% better; self-reported. HPI: Pt reports to clinic for a recheck of XX low back. XX reports that XX has pain of 6/10 and that XX is working light duty. XX is taking pain medication and has completed 2 rounds of PT. Assessment: Assessment: Strain of lumbar region, subsequent encounter (V58.89, 847.2) (S39.012D); Lumbar strain (847.2) (S39.012A). Plan: MRI, spinal canal and contents, lumbar; without contrast material. MRI ordered due to continued pain and completion of 2 rounds of PT. None of the pt's meds for this encounter were dispensed in the center.

XXXX – Physician Notes- **XXXX**, MD: Reason for visit: Chief complaint: The pt presents today with right side lower back pain. Pt states that XX has pain on XX right lower back when bending over. An MRI was ordered and it was denied on **XXXX**. Pain level 6/10. Light duty. Self-reported. HPI: Pt is returning for a recheck of injuries: Here for f/u on XX lower back. Is working restricted duty. Was told today XX MRI was denied. Has had PT, but XX is still having pain of 6/10. Occasionally having pain radiate down XX right hamstring to XX knee. Complaint of back pain. Symptoms are unchanged. The pain radiates to right thigh. The symptoms occur frequently. XX describes XX pain as sharp in nature. The severity of pain is moderate. XX has a current pain of 6/10. Associated symptoms include back stiffness and decreased flexion. Exacerbating factors include bending, lifting and twisting. Relieving factors include nonsteroidal anti-inflammatory drugs and muscle relaxers. Assessment: Strain of lumbar region, subsequent encounter (V58.89, 847.2) (S39.012D); Acute right lumbar radiculopathy (724.4) (M54.16). Plan: No meds were prescribed or dispensed for this encounter.

XXXX – Physician Notes- **XXXX**, MD: Reason for visit: Chief complaint: Pt presents today with f/u back injury. XX is slowly improving. XX is about 65% better. Will have pain in the morning and pain down the right leg. XX has pain when XX moves or bends. XX is working light duty. Self-reported. HPI: Pt is returning for a recheck of injuries: Here for f/u on XX back injury. XX MRI was denied and was sent a denial letter. XX continues to have pain down XX right leg. Has improved, but the radiation of pain down XX leg has increased in severity. Complaint of back pain. Symptoms are improving. There is bilateral lower back pain. The pain is greater on the left side than the right side. The pain radiates to left buttock and left thigh. The symptoms occur frequently. XX describes XX pain as sharp and aching in nature. The severity of the pain is moderate. XX has a current pain of 5/10. Associated symptoms include back stiffness, lower extremity numbness and lower extremity tingling. Exacerbating factors include bending, lifting and twisting. Relieving factors include nonsteroidal anti-inflammatory drugs. Assessment: Strain of lumbar region, subsequent encounter (V58.89, 847.2) (S39.012D); Acute right lumbar radiculopathy (724.4) (M54.16). Plan: MRI, spinal canal and contents, lumbar; without contrast material. No meds were prescribed or dispensed for this encounter.

XXXX – Physician Notes- **XXXX**, MD: Reason for visit: Chief complaint: the pt presents today with f/u lumbar. Pt is the same. Still has pain. XX MRI was denied the second time. XX has been working light duty; self-reported. HPI: Pt is returning for a recheck of injuries. XX is here for f/u on XX back injury. Complaint of back pain. Symptoms are unchanged. There is bilateral lower back pain. The pain is greater on the right side than the left side. The pain radiates to right buttock and right thigh. The symptoms occur frequently. XX describes XX pain as sharp and aching in nature. The severity of the pain is moderate. XX has a current pain of 6/10. Associated symptoms include back stiffness and decrease spine ROM, but no urinary frequency, no fecal incontinence, no urinary incontinence, no lower extremity numbness, no paresthesias, no saddle paresthesias, no urinary retention and no lower extremity tingling. Exacerbating factors include bending, lifting and twisting. Relieving factors include rest, nonsteroidal anti-inflammatory drugs and muscle relaxers. Assessment: Strain of lumbar region, subsequent encounter (V58.89, 847.2) (S39.012D); Acute right lumbar radiculopathy (724.4) (M54.16). Plan: Renew: Cyclobenzaprine HCI 5mg oral tablet, once at bedtime prn; Naproxen 500mg oral tablet, 1 tablet every 12 hours with food prn. Pain management referral. None of the pt's meds for this encounter were dispensed in the center.

XXXX – Physician Notes- **XXXX**, MD: Consultation. This is a gentlemen with a history **XXXX** on **XXXX**, **XXXX** resulting in low back pain, radiates somewhat into the right lower extremity. Denies weakness, numbness and tingling. XX has had no x-rays. XX has had some PT and doing home exercises. XX is taking Naproxen and muscle relaxant for pain. XX is working light duty at this time. Assessment and plan: Lumbar sprain/strain. Plan to perform an MRI of the lumbar spine. The pt is to f/u in 2 weeks' time. I think the pt will be able to do more PT.

XXXX – MRI Report- **XXXX**, MD: Procedure: MRI lumbar spine s. Comparison: None. Indications: Radiculopathy. Findings: MRI of the lumbar spine shows conus medullaris ends opposite the superior endplate of L1. T12-L1 and L1-2 disc spaces are maintained with no disc desiccation or disc herniation. L2-3 and L3-4 disc spaces show desiccation change without disc herniation or canal stenosis. Ligamentum flavum hypertrophic change and facet arthropathy are present. L4-5 disc space shows disc desiccation change with a circumferential posterior disc bulge of approximately 0.4cm causing indentation on the thecal sac. The posterior margin of the bulging disc shows an annular fissure. Mild bilateral lateral recess narrowing is present. L5-S1 disc space shows dis desiccation change with a 2mm circumferential disc bulge. The left lateral portion of the bulging disc shows the presence of an annular fissure. No canal stenosis or nerve root impingement. The vertebral bodies are maintained in height. There is no bone marrow edema or bone bruise. No compression factures or deformities. The pre and paravertebral soft tissue are unremarkable. Impression: Disc desiccation changes and disc bulges at multiple levels as described above. Bulging discs show the presence of annular fissure along the posterior margins.

XXXX – Physician Notes- **XXXX**, MD: Progress note. This is a XX who went for an MRI. The MRI is largely unremarkable, shows disc desiccation, disc bulges multiple levels. XX does have some bulges without significant herniation. Still complaining of right lower back pain. XX still has tenderness at the right L4-5, L5-S1 facets. Assessment: Lumbar sprain/strain. I believe that if we do lumbar L4-5, L5-S1 medial branch block to facilitate the lumbar facets and if these are successful, then we will perform radiofrequency ablation of the L4-5, L5-S1 facets on the right side followed by PT. I think that XX will be doing well after this procedure treatment plan. The pt has a phobia to needles, so we will need to do it under max sedation. F/U in 2 weeks if this is not approved or we will see XX for the procedure.

XXXX – Physician Notes- **XXXX**, MD: Reason for visit: Chief complaint: Pt presents today with f/u back injury. Pt saw **XXXX** on **XXXX**. Pt had an MRI and XX saw some changes. **XXXX** wants to do a procedure and some more PT. XX is just waiting on approval. XX next appointment is in 2 weeks. XX is still the same. XX has been working light duty. Self-reported. HPI: XX is returning for a recheck of injuries. Complaint of back pain. Symptoms are unchanged. There is right lower back pain. The pain radiates to right buttock, right thigh and right calf. The symptoms occur constantly. XX describes XX pain as dull in nature. XX has a current pain level of 5/10. Pt is taking the meds as prescribed and symptoms have improved. Pt is still seeing specialist XXXX. Assessment: Acute right lumbar radiculopathy (M54.16); Lumbar strain (S39.012A). No meds were prescribed or dispensed for this encounter.

XXXX – Physician Notes-XXXX, MD: Progress note. XX was submitted for right L5-S1, L4-5 lumbar facet medial branch block. This is denied by the insurance in spite of meeting ODG. The pt is still complaining of stiffness and intermittent tingling in the right lower extremity. XX states that nothing is changed. XX is not working at this time. XX still has decreased range of motion in the lumbar spine with flexion, extension, and rotation. Assessment: Lumbar sprain/strain. Plan: We will appeal the denial of the right L5-S1, L4-5 medial branch block facet injection. If this is successful, radiofrequency ablation with PT. We will request PT as they have been denying XX procedure, because the pt needs some type of relief. F/U in one month with the treating doctor.

XXXX – Physician Notes-XXXX, MD: Reason for visit: Chief complaint: The pt presents today with lower back pain. Pt states that XX was seen by XXXX on XXXX and follows up in one month. XXXX has ordered PT while XX is waiting on approval for injection. Pain level 5/10. XX states that pain is worse when bending over. XX is able to lift about 10 lbs. Light duty. Self-reported. HPI: It has been a long time since this provider has seen this pt. XX was getting better and now says that XX is worse. XX had improved to 60% and is now 40% improvement. XX is waiting on approval for more therapy and a back injection. XX reports have been reviewed. XX continues to have back pain. XXXX is planning a back injection. XX symptoms are worsening. There is midline lower back pain. The pain radiates to buttocks. The symptoms occur constantly. XX describes XX pain as sharp in nature. The severity of the pain is moderate. Moans with pain with the

examination. Associated symptoms include back stiffness, decreased lateral bending and lower extremity weakness. Exacerbating factors include sitting and standing. Relieving factors include rest and lying supine. Additional History: XX is requesting more medication. Naproxen is to be ordered. Assessment: Lumbar strain (S39.012A); Strain of lumbar region, subsequent encounter (S39.012D); Acute right lumbar radiculopathy (M54.16).

XXXX – Physician Notes-XXXX, MD: Progress note. XX is here for f/u on low back injury, right sided. We have had a denial through IRO for XX right L4-5, L5-S1 facet medial branch blocks. XX is off work at this time. XX states that the pain shoots down XX back. Decreased flexion, extension, and lateral rotation of XX lumbar spine. We will ask for a chronic pain program as XX pain started in XXXX of this year. We will ask the XXXX to obtain a functional capacity eval. We will ask my clinic to do a psychological eval for chronic pain program. We will see XX back in 3 weeks. We will also ask for more PT as XX is not getting any more injections approved.

XXXX – Functional Capacity Evaluation- XXXX, PT, DPT, MBA: Summary of Findings: A Baseline/General Purpose Functional Capacity Evaluation was conducted on XXXX to determine XXXX tolerance to perform work tasks. Consistency of Effort results obtained during testing indicate there were segmental inconsistencies resulting in mild sub-maximal effort. Reliability of Pain results obtained during testing indicate pain could have been considered while making functional decisions. Demonstrated the ability to perform with the Light Physical Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles. XXXX is presently able to work full time. XXXX lifted 25 pounds to below waist height. XX lifted 22 pounds to shoulder height and 22 pounds overhead. XX carried 25 pounds. Pushing abilities were evaluated and XX pulled 65 horizontal force pounds and pushed 65 horizontal force pounds respectively. Non-material handling testing indicates XXXX demonstrates an occasional tolerance for Bending, Sustained Kneeling and Squatting. XX demonstrated the ability to perform Dynamic Balance, Static Balance, Firm Grasping and Stair Climbing with frequent tolerance. Above Shoulder Reach, Forward Reaching, Fine Coordination, Pinching, Simple Grasping, Sitting, Standing and Walking were demonstrated on a constant basis.

XXXX – Behavioral Evaluation-XXXX , MA: Pt was referred for a behavioral eval by XXXX who requested input regarding treatment planning, in particular whether referral for mental health treatment would be appropriate at this time. This included the administration of an interview with the pt and several assessments to determine if the pt is experiencing depression or anxiety or other mental health symptoms related to the injury, to determine whether or not the pt understands the purpose of and appropriate use of the meds, and a mini-mental status exam. The information gathered for this eval was provided by the pt, referring physician, and medical records. History: XXXX sustained a work related injury on XXXX while working as a XXXX in XXXX. XX reported that XX was XXXX. XX reported the XXXX. XX reported the XXXX. XX reported that XX called the supervisor about XX work-related injury and that XX went back to XX filled out the report. XX reported XX was sent to XXXX the following day – XX supervisor took XX. XX reported that the PT ordered physical therapy and XX was placed on "light duty" at work. XX reported the PT helped a little but that XX worked light duty for 3 months but then could no longer work due to regulations at work not being on light duty for longer than 3 months. XX reports doing an MRI due to pain increase. XX reported being referred to XXXX for pain management. XX reports a small pinched swollen nerve but has been denied injections. XX was referred to the Chronic Pain Management program. XX reports XX has not worked in 3 weeks. The pt reports that XX has received several levels of treatment including: x-rays, MRI, PT, and meds. Objective Findings: Since the work-related injury, the pt's psychophysiological condition has been preventing XX from acquiring the level of stability needed to adjust to the injury, manage more effective the pain, and improve XX level of functioning. Pt's psychological symptoms appear to be marked by the following: sadness, hopelessness, insomnia, energy decrease, frustration, irritability, inability to get pleasure out of life, helplessness, boredom, libido decrease, discouragement about the future, short temper, feelings of inadequacy, not able to relax, muscle tension, difficulties adjusting to injury, restlessness,

nervousness/jittery/shaky, fear of re-injury, concentration difficulties, increased concern for physical health, and increased pain with tension. XX reports being treated for high blood pressure for XXXX years, Colitis, and high cholesterol. XX denies being treated for any other unrelated medical disorders or chronic illnesses. XX denies the use of tobacco, alcohol, or any illegal drugs. XX denies taking any meds for a mood disorder. Clinical rationale for requested procedure: Being that the pt has not been able to become stabilized enough to enhance coping mechanisms to more effectively manage pain and achieve success in rehab, we are requesting that XX participate in 10 trial sessions of a behavioral multidisciplinary chronic pain management program. Without this type of intensive intervention XX maladaptive beliefs and thoughts are likely to continue in a downward spiral as the chronic pain continues to affect the pt's quality of life. It is crucial that XX receive other necessary components, which are not provided in IT, to help obtain the tools needed to succeed and increase overall level of functioning. This program is composed of a multidisciplinary team of professionals that are specifically trained to address the pt's needs, which were not met through psychotherapy. In the multidisciplinary chronic pain management program, XX will receive the tools needed to remove or address both psychological and physical barriers such as: improve coping skills, social skills, social support, improve self-esteem, increase level of functioning, improve vocationally and interpersonally, manage more effectively stress related issues that may hinder progress in rehab, address self-defeating thoughts caused by outside circumstances continuing to have strong influence or hold on pt, help pt stay motivated and consistent with goals, decrease dependency on health care system, improve functioning interpersonally, minimize distress cause by anxiety and depression related to chronic pain, and control over emotions and fears of the future. This pt meets the criteria for the general use of multidisciplinary pain management program according to ODG, chronic pain chapter. Treatment Plan Goals: Pt's self-reported tendency toward experiencing feelings of depression, anxiety, and somatization thus, impair future adjustment to employment. Individuals with this complex interplay of psychological and physiological symptoms tend to respond more favorably and rapidly to a multidisciplinary chronic pain management program. With this program, pt can be encouraged to start with small goals that may help XX feel hopeful. After experiencing some success, XX will be able and motivated to advance to bigger goals. Any slight improvement experienced by XX will help increase XX hope for recovery. While in the program, pt will engage in a psychopharmacological eval and education with the assistance and collaboration of XX treating physician. Summary: The pain resulting from XX injury has severely impacted normal functioning physically and interpersonally. XX reports frustration and anger related to the pain and pain behavior, in addition to decrease ability to manage pain. Pain has reported high stress resulting in all major life areas. The pt will benefit from a course of pain management. It will improve XX ability to cope with pain, anxiety, frustration, and stressors, which appear to be impacting XX daily and physical modalities as well as med monitoring. The program is staffed with multidisciplinary professionals trained in treating chronic pain. The program consists of, but is not limited to daily pain and stress management group, relaxation groups, individual therapy (IT), nutrition education, med management and vocational counseling as well as physical activity groups. These intensive services will address the current problems of coping, adjusting, and returning to a higher level of functioning as possible.

XXXX – Physical Therapy Notes-XXXX, PT: Evaluation: The pt assessment is consistent with the medical diagnosis S39.012A Strain of muscle, Fascia. The impairments identified during the exam which prevent the pt from performing their standard ADLs and/or work activities are addressed. Overall Progress: Slower than expected. Response to current treatment: Re-eval only. Treatment Progression: Continue therapy per treatment plan. Plan: Pt to be seen twice a week for 3 weeks. Interventions: Therapeutic exercises such as stretching, strengthening, stabilization, aerobic conditioning to address the impairments of ROM, muscle performance, postural stability, aerobic capacity. This will include pt education to address posture, body mechanics and home program. Therapeutic activities such as lifting, pushing, pulling, carrying, climbing to address the ability to perform the identified essential functions. Neuromuscular re-education utilizing such as balance, posture, coordination and kinesthetic awareness to enhance muscle performance and motor function. Manual therapy such as joint and soft tissue mobilization to address the impairments of joint mobility and soft tissue restrictions. Modalities such as heat/cold to address the localized pain and inflammation. Exercises

performed today: Therapeutic exercise, Therapeutic activity, Manual therapy and Neuromuscular re-education.

XXXX – URA Determination-XXXX , MD: Texas Insurance Code 4201 requires all workers' compensation insurers performing review of healthcare services provided to persons eligible for WC medicinal benefits and insurance coverage be certified as a utilization review agent (URA). XXXX is a URA certified under this code. Utilization review for XXXX has been completed for the dates of service (DOS) XXXX. Your request was reviewed by a licensed practitioner in a health care specialty appropriate to review this treatment/service request and has rendered a non-certification decision. Decision/Clinical Rationale as Stated in the Peer Reviewer's Report: (from peer reviewer's report) Request: 10 days/80 hours of chronic pain management program, low back. Explanation of Findings: A successful peer-to-peer call with XXXX , LPCI on behalf of XXXX occurred and it was discussed that per ODG Pain XXXX – Online Version Chronic pain programs (functional restoration programs) are recommended only when "Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement." In this case, on peer-to-peer it is noted that the injured worker completed only 6 sessions of physical therapy (PT), with initial benefit. The injured worker is noted to have comorbid depression that has affected recovery, but there have been no efforts to treat depression to date, such as with psychiatric meds or psychological therapy. It is possible that psychological treatment in conjunction with additional PT could achieve the desired functional goals without the need for a chronic pain program. A chronic pain program thus is premature and is not shown to be medically appropriate at this time. Therefore, the request for 10 days/80 hours of chronic pain management program, low back is not medically necessary. XXXX, LPCI on behalf of XXXX, MD agreed.

XXXX – URA Determination- XXXX, MD: Texas Insurance Code 4201 requires all workers' compensation insurers performing review of healthcare services provided to persons eligible for WC medicinal benefits and insurance coverage be certified as a utilization review agent (URA). XXXX is a URA certified under this code. XXXX has received a request for reconsideration (appeal) of an adverse utilization review determination related to XXXX. The clinical documentation available at the time of the initial utilization review request and any additional information submitted with the request for reconsideration will be provided to the practitioner conducting the appeal review. Appealed treatment/service request: Physical Medicine Procedure. Reconsideration Request Receipt Date: XXXX. The appeal Peer Reviewer will contact you to afford an opportunity to provide additional documentation and/or participate in a peer-to-peer discussion of the treatment request. Please be prepared to submit the following documentation when contacted: 1) Diagnosis; 2) Treatment history and results; 3) Current clinical findings; 4) Diagnostic test results; 5) Clinical indication for requested treatment; 6) Anticipated outcome/benefit of requested treatment. Written notification of the reconsideration decision will be sent as soon as practicable, but not later than the 30th day after receipt of the reconsideration request.

XXXX – Peer Review Report- **XXXX**, MD: I have reviewed the available medical records on XXXX and answered the questions submitted. Summary: The injured worker is a XX XX who sustained an injury on **XXXX** due to **XXXX** resulting in a low back pain. The injured worker was diagnosed with 1) pain disorder with related psychological factors, 2) radiculopathy of the lumbar region, 3) strain of muscle, fascia and tendon of lower back, initial encounter and 4) strain of muscle, fascia and tendon of lower back, subsequent encounter. There was a previous adverse determination dated **XXXX** whereby the requests for 10 days/80 hours of chronic pain management program, low back were non-certified. Prior treatment included medication and physical therapy (PT). The MRI of the lumbar spine dated **XXXX** documented disc desiccation changes and disc bulges at multiple levels. Bulging discs showed the presence of annular fissure along the posterior margins. The appeal request for 10 days/80 hours of chronic pain management program is not medically necessary and therefore non-certified.

XXXX – URA Determination- XXXX: Texas Insurance Code 4201 requires all workers' compensation

insurers performing review of healthcare services provided to persons eligible for WC medicinal benefits and insurance coverage be certified as a utilization review agent (URA). XXXX is a URA certified under this code. XXXX has received a request for an appeal of a non-certified determination for health care services for XXXX. A Peer Review Practitioner in a health care specialty appropriate to perform an appeal review of this treatment/service request has reviewed your appeal and has upheld the original non-certification determination. Decision/ Clinical Rationale as Stated in the Peer Reviewer's Report: (from peer reviewer's report) Request: 10 days/80 hours of chronic pain management program, low back. Explanation of Findings: There was a previous adverse determination dated XXXX whereby the requests for 10 days/80 hours of chronic pain management program, low back were non-certified. ODG Pain (updated XXXX) – Online Version Chronic pain programs (functional restoration programs) recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and med use, improved function and return to work, decreased utilization of the health care system), for pts with conditions that have resulted in "Delayed recovery." Criteria for the general use of multi-disciplinary pain management programs: Outpatient pain rehab programs may be considered medically necessary in the following circumstances: 1) the pt has a chronic pain syndrome, with evidence of loss of function that persists beyond 3 months and has evidence of 3 or more of the following: a) Excessive dependence on health care providers, spouse, or family; b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; g) There is evidence of continued use of prescription pain meds without evidence of improvement in pain or function. The injured worker was diagnosed with 1) Pain disorder with related psychological factors, 2) radiculopathy, lumbar region, 3) Strain of muscle, fascia and tendon of lower back, initial encounter, and 4) Strain of muscle, fascia, and tendon of lower back, subsequent encounter. The injured worker sustained an injury on XXXX. Most recent clinical encounter indicates pt complains of lower back pain with radiation upward and to right lower extremity. Physical exam findings indicate decreased the lumbar ROM due to pain, rt>lt, tenderness over the right lumbar paraspinals, and negative straight leg raises. MRI report included describes mild disc bulging with anterior fissures along border and disc desiccation. Pt has completed 6 sessions of PT with increasing lumbar ROM and physical activity ability, but complains of pain remain. The injured worker utilizes Naproxen 500mg bid and Flexeril 5mg at bedtime for analgesia. In this case, requirements not fully met regarding the criteria related to chronic pain, disability, excessive use of meds without functional benefit, healthcare utilization, and need for a biopsychosocial approach, all of which are typically addressed in a multidisciplinary eval for appropriateness for a chronic pain program. Therefore, the request is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Based on the records submitted and peer-reviewed guidelines, this request is non-certified. Prior treatment included medication and physical therapy (PT). The MRI of the lumbar spine dated XXXX documented disc desiccation changes and disc bulges at multiple levels. Bulging discs showed the presence of annular fissure along the posterior margins. In this case, requirements not fully met regarding the criteria related to chronic pain, disability, excessive use of meds without functional benefit, healthcare utilization, and need for a biopsychosocial approach, all of which are typically addressed in a multidisciplinary evaluation for appropriateness for a chronic pain program. Therefore, the request is not medically necessary. Therefore, the prior determination is upheld.

Per ODG:

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances:
(1) The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on health-care providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function.
(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.
(3) An adequate and thorough multidisciplinary evaluation has been made. This should include pertinent validated diagnostic testing that addresses the following: (a) A physical exam that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized. Although the primary emphasis is on the work-related injury, underlying non-work related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment; (b) Evidence of a screening evaluation should be provided when addiction is present or strongly suspected; (c) Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and/or locus of control regarding pain and medical care) or diagnoses that would better be addressed using other treatment should be performed; (d) An evaluation of social and vocational issues that require assessment.
(4) If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits (80 hours) may be implemented to assess whether surgery may be avoided.
(5) If a primary reason for treatment in the program is addressing possible substance use issues, an evaluation with an addiction clinician may be indicated upon entering the program to establish the most appropriate treatment approach (pain program vs. substance dependence program). This must address evaluation of drug abuse or diversion (and prescribing drugs in a non-therapeutic manner). In this particular case, once drug abuse or diversion issues are addressed, a 10-day trial may help to establish a diagnosis, and determine if the patient is not better suited for treatment in a substance dependence program. Addiction consultation can be incorporated into a pain program. If there is indication that substance dependence may be a problem, there should be evidence that the program has the capability to address this type of pathology prior to approval.
(6) Once the evaluation is completed, a treatment plan should be presented with specifics for treatment of identified problems, and outcomes that will be followed.
(7) There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. In questionable cases, an opportunity for a brief treatment trial may improve assessment of patient motivation and/or willingness to decrease habituating medications.
(8) Negative predictors of success (as outlined above) should be identified, and if present, the pre-program goals should indicate how these will be addressed.
(9) If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery. This cautionary statement should not preclude

patients off work for over two years from being admitted to a multidisciplinary pain management program with demonstrated positive outcomes in this population.
(10) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis.
(11) Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment, must be made available upon request at least on a bi-weekly basis during the course of the treatment program.
(12) Total treatment duration should generally not exceed 4 weeks (20 full-days or 160 hours), or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities. (Sanders, 2005) If treatment duration more than 4 weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).
(13) At the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program). Prior to entry into a program the evaluation should clearly indicate the necessity for the type of program required, and providers should determine upfront which program their patients would benefit more from. A chronic pain program should not be considered a "stepping stone" after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.
(14) Suggestions for treatment post-program should be well documented and provided to the referral physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified.
(15) Post-treatment medication management is particularly important. Patients that have been identified as having substance abuse issues generally require some sort of continued addiction follow-up to avoid relapse.
Inpatient pain rehabilitation programs: These programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process. (Keel, 1998) (Kool, 2005) (Buchner, 2006) (Kool, 2007) As with outpatient pain rehabilitation programs, the most effective programs combine intensive, daily biopsychosocial rehabilitation with a functional restoration approach. If a primary focus is drug treatment, the initial evaluation should attempt to identify the most appropriate treatment plan (a drug treatment /detoxification approach vs. a multidisciplinary/interdisciplinary treatment program). See Chronic pain programs, opioids; Functional restoration programs.

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)**