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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: Encounter Summary by X, FNPC
X: Encounter Summary by X
X: Encounter Summary by X, FNPC
X: Encounter Summary by X, FNPC
X: MRI X interpreted by X, MD
X: Encounter Summary by X, PAC
X: Encounter Summary by X, FNPC
X: Office Visit by X, MA, and X, MD
X: Encounter Summary by X, DO
X: Encounter Summary by X, MD
X: Physical Therapy Evaluation/POC by X, MD
X: Encounter Summary by X, FNP
X: PT Progress note by X, MD
X: Referral order by X, MD
X: Encounter Summary by X, MD
X: Encounter Summary by X
X: Encounter Summary by X, MD
X: PT Discharge Note by X____ X_____, PT
X: Encounter Summary by X, MD
X: Certification of Request for Reasonable Accommodation
X: History and Physical by X, MD
X: Office Visit by X, MA and X, MD
X: Encounter Summary by X, PAC
X: Office Visit by X, MD

X: Office Visit by X, MD.
 X: Encounter Summary by X, FNPC
 X: Encounter Summary by X, PAC
 X: Encounter Summary by X, MD
 X: Office Visit by X, MA and X, MD.
 X: Encounter Summary by X, PAC
 X: Office Visit by X, MA.
 X: Office Visit by X, MA, and X, MD.
 X: UR performed by X, MD
 X: Office Visit by X, MD
 X: UR performed by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

X: Encounter Summary by X, FNPC. **Subjective:** Employed full time at X. Had X injury X. Moved X and X, X. X in a X and noticed X pain upon X. Was taken to X and X pain. Given X, X, not improving. Pain is X at rest and X with any movement. Pain is localized to X at times. Denies radiation to X. Has not been to work since injury. **Physical Exam:** Moderate XX, There is X, no X, X is painful and restricted in X, X and X. Strength testing of the major muscles innervated by the X is graded at X. **Assessment:** X of X, initial encounter. **Plan:** Moist heat alternating with ice PRN pain, increase X, Xray at next visit.

X: Encounter Summary by X. Pain is the same. Recommend to continue treatment, X.

X: Encounter Summary by X, FNPC. Minimal improvement since last visit. Still with X pain that radiates to X. Prescribed X. X.

X: MRI X interpreted by X, MD. **Impression:** 1. Broad-based X, slightly X. There is X. Borderline X is present. 2. Broad-based X. 3. Multilevel X.

X: Encounter Summary by X, PAC. Patient rates pain X, constant. Patient wants stronger medication. Refer to X appointment.

X: Office Visit by X, MD. X administered

X: Office Visit by X, MA and X, MD. Injection helped. Improved pain by more than X.

X: Office Visit by X, MA. X administered.

X: Office Visit by X, MD. **Subjective:** Able to stand for more than X minutes. Pain level now X. Pain level at worst X Best X. **Assessment:** X of X, initial encounter. **Plan:** Per ODG, X requested. Criteria for X weeks benefit of X or greater relief X, imaging consistency and clinical signs including improved X, decreased X, increased X are consistent. X.

X: UR performed by X, MD. **Rationale for Denial:** With regard to X with monitored X, according to a procedure note on X, there was documentation of a X that was done with reportedly no complications and according to an office note on X, there was documentation of the injured worker having X pain that X and MRI imaging positive for a X. There was also documentation that the previous X provided more than X improvement and the injured worker was able to X, but was having the pain again and X wanted another X. Physical exam revealed X intact in the X, X negative X, and no other physical exam findings were listed with mention of no significant change in the physical exam since the last office visit and the plan to do a X along with monitored X for X due to X. However, physical exam did not reveal any positive objective X findings occurring in the X distribution to correlate with the MRI imaging and rather physical exam revealed no abnormalities. Therefore, given these findings, there is no support for the requested X based on the guidelines criteria and this request is non-certified.

X: Office Visit by X, MD. Refer to X.

X: UR performed by X, MD. **Rationale for Denial:** The most recent medical progress note for review was dated X from X, PAC and indicated subjective complaints of X pain, described the pain as X, under pain management, denied X. Examination of the X revealed X, X, X groups, negative X tests, X to X in the X and X area, normal X. The ODG discuss and recommend X in the X chapter as a possible

option for short term treatment of X pain (X) with use in conjunction with active rehab efforts. The submitted medical documentation fails to provide the reviewer with compelling objective information to meet the medical necessity of the request. The most recent medical progress note is approximately X months old and does not indicate objective findings that corroborate the diagnosis of X. Furthermore, the reviewer was not supplied with MRI or electrodiagnostic testing that support the diagnosis of X. Finally, there is no indication of ongoing active rehab efforts to support this request. Therefore, based on the medical documentation provided, and using the evidence-based, peer reviewed guidelines, recommendation is to non-certify the request.

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. The most recent medical progress note for review was dated X from X, PAC and indicated subjective complaints of X pain, described the pain as X, under pain management, denied X. Examination of the X revealed normal X, normal X, normal X groups, negative X tests, X to X in the X area, normal X. Per ODG, X is recommended as a possible option for short term treatment of X pain (defined as pain in X) with use in conjunction with active rehab efforts. The submitted medical documentation fails to demonstrate the medical necessity of the request. The most recent medical progress note is approximately X months old and does not indicate objective findings that corroborate the diagnosis of X. Furthermore, the reviewer was not supplied with MRI or electrodiagnostic testing that support the diagnosis of X. Finally, there is no indication of ongoing active rehab efforts to support this request. Therefore, based on the medical documentation provided, and using the evidence-based, peer reviewed guidelines, recommendation is to non-certify the request.

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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)