

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X when X. X sustained a X. The claimant underwent a X MRI on X which revealed X. X causing moderate X.”

Progress note dated X by Dr. X, MD documented the claimant to have complaints of X pain. Objective findings on examination included X. The claimant was diagnosed with X. The claimant had an EMG/NCS of X. There was no electrodiagnostic evidence of a X.

Progress note dated X by Dr. X documented the claimant to have complaints of X pain and reported that X was unable to extend X. X was noted to have had some improvement with Z. Objective findings on examination included near X. The claimant was diagnosed with X; X. In the progress note dated X, Dr. X stated if did not improve with X. According to the discharge note dated X documented the claimant exhibited a good prognosis at the time of discharge, the claimant was discharged due to insurance visit limitations.

Progress note dated X by Dr. X documented the claimant to have complaints of X pain and reported unable to X.” The claimant also reported that X was initially helping X but X.” Objective findings on examination revealed X. Additionally, it was documented that X was X. The claimant was diagnosed with X was recommended.

Prior UR dated X denied the request for X. The claimant has X. The symptoms described indicate X pain. Prior treatment appears to be X. There is no diagnostic imaging that indicates X. The symptoms indicated do not reflect X. Further, the claimant does not meet the recommendations of conservative care to include X. Currently, the

information presented does not meet Official Disability Guidelines (ODG) recommendations for X.

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

The claimant is a X with a history of pain and was diagnosed with X. The request is for coverage of X.

The review of records also revealed that the claimant has X. The claimant also has documented X. It is not clear from the medical records that X has any X. Based on the failure to correlate X chief complaints and symptoms with X MRI findings, the requested X according to Official Disability Guidelines. Additionally, while there is documentation of X, the specifics of medical management are not listed and there is no mention of X. Based on the above reasons, there is insufficient evidence to warrant X.

Therefore, based on ODG and the clinical documentation stated above, the request for coverage of X is not medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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