



Specialty Independent Review Organization

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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X with a history of an occupational claim from X. The mechanism of injury is detailed as the patient injuring X. The current diagnosis is documented as X. Prior treatment included X. Pertinent medical history was not documented for this patient. An MRI of the X on X, revealed a X. The follow-up notes on X documented the patient had X. The patient reported the pain X. The patient had X. The patient rated the pain a X and continued X. A recommendation was made for a X. The X will be used to target the X.

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

Per ODG, X are recommended on a case-by-case basis as a short-term treatment for X. X at a level X are the only recommended approach, X are not recommended. This treatment should be administered in X, and all patients should be informed of X. X are not recommended as a treatment for X. However, the medical records that were given for review X. There were no exceptional factors noted within the documentation to support that this patient is an outlier to the guidelines. As such, the request for X is not medically necessary.

**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 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**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED  
MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
  
- OTHER EVIDENCE BASED, SCIENTIFICALLY  
VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A  
DESCRIPTION)**