

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X. X was employed as a X. Same day of the injury X underwent X. 2.X. 3.X. 2 weeks later X had an X. The X was complicated by an X that required X. X then underwent X. X was given X months of X. X completed about X noted. X is set up with X and continues X.

X: New Patient Visit by X, MD: X is currently taking X. X presents today with constant severe pain in X. The patient complains of the following symptom(s) and severity on a scale of X; and occurs constantly predominantly during the morning, daytime, evening. The patient denies any X. X is currently off work. Previous treatment and their effect are: X helps the symptoms; X helps the symptoms. Meds: X. Examination: X: X examination is normal. Neurological: X tests are negative on the X. X tests are negative on the X. X are normal. X are normal. X testing is normal. X is normal. Exam Summary: X. X-ray: X. Plan: EMG/NCS and then schedule for X.

X: NCS & EMG Report by X, DO, FACS: Conclusion: X.

X: Follow-Up Visit by X, MD. No change in symptoms or examination. Plan: Recommend X.

X: UR performed by X, MD: Rationale for Denial: In review of the provided clinical findings, there is electrodiagnostic evidence of X. However, the records did not document failure of non-operative measures for X. There was no significant X noted on physical exam that would support proceeding with X. Further, the claimant does have a X documented, and it is unclear if this has been addressed through cessation. X would significantly impact on the claimant's ability to heal following surgery. Given the issues which do not meet guideline recommendations, this reviewer cannot recommend certification for the request.

X: Follow-Up Visit by X, MD: In an appeals letter by Dr. X , X addressed prior reviewer concerns stating that the patients recommendation for X is not based on an ODG guidelines but standard of care for someone having a X where the exam points to the problem and precludes X from normal function after the X. Regarding X, the patient has been in X. X effects deteriorate after a month and it increases risk of failure but does not preclude the humane treatment of X condition.

X: UR performed by X, MD: Rationale for Denial: The issues remain unaddressed. The X report does not provide new clinical information in this regard. As such, the request for X remains medically unsubstantiated at this time. Therefore, my recommendation is to Non-Certify the request for X.

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

The request for X is denied.

This patient sustained an X. X underwent multiple procedures during that time. X now has constant pain in the X. X recent EMG/NC study identified moderate X. The treating provider has recommended X.

The Official Disability Guidelines (ODG) supports X for patients with X. X can be considered in X, following failure of conservative treatment in patients with positive subjective and objective findings.

This patient has no evidence of X. Therefore, the recommended procedure 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 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)