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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X with DOI: X.

X: PT by X, PT. Cumulative total of X.

X: MRI X interpreted by X, MD. It was revealed X.

X: Office visit by X, MD. The claimant complained of X. The quality was X. Functional impairment was moderate. The pain did not interfere with X. The pain was present X. Since the onset, the overall severity of the pain had moderately increased. X had a X. X showed X. X pain into X. Treatment included continuing current medications and follow up visits in X.

X: UR performed by X, DO. Rationale for denial: Based on the clinical information submitted for this review this request is non-certified. X is recommended as a possible option for short term treatment of X pain with use in conjunction with X.

X: UR performed by X, MD. Rationale for denial: The claimant is a X with pain to X. Claimant had a total of X. In this case, the claimant complained of X. X rated X pain as X. Based on the clinical information submitted, this request is non-certified.

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

The request for X

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The claimant is a X with pain to X. Claimant had a total of X. In this case, the claimant complained of X. X rated X pain as X. Based on the clinical

information submitted, this request is non-certified.

The request for X has been found to be 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)