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PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a X who was injured on X when X. The claimant was diagnosed with X.

X: MRI by X, MD. Reported X.

X: Medical notes by X, MD. Noted subjective complaints of X. Medication had included X. On PE, there was X. X with pain.
X were normal. Pain level was rated at X. Qualitatively, the pain was rated as X.

X: UR performed by X, MD. Rationale for denial: The diagnostic reported X. There is no objective evidence of X on PE. There is X. The request of X is not certified.

X: UR performed by X, MD. Rationale for denial: Prior treatment included the X which was relieving factor, X with an unchanged response, X. The symptoms were relieved by X. The patient had X.

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

The request for a X is denied.

This patient was injured in X. X has pain in the X, which X. The X MRI demonstrates a X. The treating physician has recommended a X.

The Official Disability Guidelines supports X for the treatment of X. X should correlate with physical findings consistent with X.

The patient's MRI demonstrates X. There is no documentation of physical findings consistent with X.

The 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 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)