

Medical Assessments, Inc.
4833 Thistledown Dr.
Fort Worth, TX 76137
P: 817-751-0545
F: 817-632-9684

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X.

X: Office visit note by X, MD. Exam reveals X. Claimant has X. Has X. Has X. X.

X: MRI by X, MD. Shows X.

X: UR performed by X, MD. Rationale for denial: X has X. X has X. Exam reveals X. Per ODG, the hospital length of stay for patients with no complications from X. However, X is denied. Therefore, the request of X is not medically necessary.

X: MRI report by X, MD. X.

X: UR performed by X, MD. Rationale for denial: This is a non-certification of an appeal of an X.

X is approved pending completion of electrodiagnostic testing (EMG/NC).

This patient underwent a X. X now has X. X pain is in the X. X imaging studies demonstrate a X. The patient has X. The treating physician has recommended X.

Extension of the X is a reasonable recommendation, given the fact that the patient has not had long term relief with X. Based on the complexity of this case, the X should be documented on EMG-NC X.

If the electrodiagnostic study X would be medically necessary. The X should be addressed at the time of surgery. X;

(2) X-rays demonstrating X and/or myelogram, CT-myelogram, or MRI demonstrating X;

(3) X to be performed at X;

(4) X [screen](#) with confounding issues addressed; the evaluating X should document the X;

(5) For any X, it is recommended that the injured worker X; ([Colorado, 2001](#)) ([BlueCross, 2002](#))

(6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of X with the patient;

For average hospital LOS after criteria are met, see [Hospital length of stay](#) (LOS).

For post-operative physical therapy recommendations after criteria are met, see [Physical therapy \(PT\)](#) .

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

X is approved pending completion of electrodiagnostic testing (EMG/NC).

This patient underwent a X. X now has X. X is in the X. X imaging studies demonstrate a X. The patient has completed X. X has X. The treating physician has recommended X.

Extension of the X. Based on the complexity of this case, the X should be documented on EMG-NC before X is considered at this level.

If the electrodiagnostic study X would be medically necessary. The X should be addressed at the time of surgery.

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)