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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X: Progress Note by X, MD. **HPI:** Patient returns for follow up of X. This began after injury at work on X. Patient was last seen on X at which time, patient began X. Patient has been doing X, X reports X is optimistic that X. Patient has seen X and suggested X, patient is seeking my opinion for X.

X: UR performed by X, MD. **Rationale for Denial:** This is a request for X. ODG 2019 X notes, X Medical treatment: X visits over X weeks. There is documentation that the patient was previously approved for X sessions of X. However, there is no clear documentation of functional benefit with the X. However, there is no clear documentation of functional benefit with the X. Based on the records review and guideline recommendations, the medical necessity for X has not been established. Therefore, the request is denied.

X: UR performed by X, DO. **Rationale for Denial:** The patient has. ODG indicates that when guideline recommendations are to be exceeded, exceptional factors should be noted, but there was a lack of X documented that would support the need to X. The records did not document that a X. There was not a medical rationale provided explaining why this patient X, therefore, I recommend non-certification of the requested 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 was injured at work in X. X has X. X has been recommended to allow X to return to X usual level of work.

The Official Disability Guidelines (ODG) recommends X.

This patient should be fully recovered from a X. At this point, X should be X. If the patient is not able to meet the physical requirements of X job, a X would be more appropriate for X.

The X are not medically necessary at this point in time.

**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)