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Patient Clinical History (Summary)

X who was injured on X. X. The diagnoses were X.

A progress note by X, MD dated X revealed X. The incision was X. The recommendation was to X. On X, X reported that X was better with no pain. X was using medication and having a good response. X could X. X was taking X as needed. X continued with the X.

A physical therapy dated X indicated X were completed. X had made objective improvements with X. The improvements had increased X ability to X. Examination of the X. The recommendation was for X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. A Physician Advisor Report dated X indicated that X, was non-certified. Rationale: "Based upon the medical documentation presently available for review, the above-noted reference would not support a medical necessity for this specific request as submitted. The requested amount of treatment in the form of X. Additionally, there is documentation of no symptoms of pain in the affected body region. Consequently, based upon the medical documentation available for review, presently, medical necessity for treatment in the form of X is not established. Recommend non-certification." A Physician Advisor Report dated X indicated that the appeal request for X was non-certified. Rationale: "Per the physical therapy note from X have been completed but a physician advisor report says X. The X progress report documents progress X, the ODG will support X. Based on the available information and ODG, recommendation is for modified certification with certification of X. However, as I was unable to reach the treating physician to discuss treatment modification, the request of X, remains not certified at this time. There is insufficient information to support a change in

determination, and the previous non-certification is upheld. The submitted clinical records indicate that the patient has completed X. ***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

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A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria
- Manual

Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)