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PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who sustained an industrial injury on X. The mechanism of injury was described a X. Past surgical history was X. A review of records indicated X was under treatment for X. Conservative treatment had included X.

The X MRI impression documented X. The X revealed no X. At X had been placed. X from the X completely obscured the X. The X CT myelogram findings documented X. There was X. There was no evidence of X.

The X pain management chart noted indicated that the patient was concerned because X. X had been taking X with some help but no resolution of symptoms. X underwent a X. Subjective complaint had included X. X did have X. Pain was worse with X. Pain was reported X. X had completed X. CT myelogram demonstrated X. X-rays demonstrated X. The diagnosis included X. Medications were prescribed to include X. It was noted that the patient had been recommended for X.

The X orthopedic chart notes cited complaints of X. Physical exam documented the patient X. X had X. The diagnosis included X. The patient had a X. In order to access the X. It was noted that the X would need to be X. The treatment plan recommended X.

The X utilization review determination indicated that the request for X was not medically necessary. The rationale stated that the records submitted for review would not

support the requested procedures as reasonable or necessary. There was no documentation of X or other non-operative measures, no updated imaging studies demonstrating X to justify proceeding with an X.

The X orthopedic reconsideration request stated that the patient had X. X now had X. In order to access the X. The X would need to be X. X would be X in order to allow the patient the best opportunity to have relief of X.

The X utilization review determination indicated that the request for X was not medically necessary. The rationale stated that there was no imaging evidence of X. The surgeon reported that there was evidence of X. It was noted that there were X so there was no need for a X.

The X MRI impression documented X. There was a suggestion of X.

The X utilization review determination indicated that the request for X was not medically necessary. The rationale stated that X x-rays showing X were not provided to establish an X, there was X, and the X report was not provided.

The X orthopedic reconsideration request stated that the patient had X. X had a CT scan which demonstrated X. X was opined a candidate for X. X had tried and X.

The X utilization review determination indicated that the request for X was not medically necessary. The rationale stated that there was no documentation of signs of X to the specific X, a X evaluation was not provided for review, the MRI did not reveal X.

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

The Official Disability Guidelines recommend X. Criteria include on-going symptoms, X findings and imaging, and after X. Instability criteria includes X. X criteria include X. Pre-operative clinical surgical indications require completion of all X, x-rays demonstrating X. The Official Disability Guidelines recommend the best practice target length of stay (LOS) for cases with no complications. Alternatively, recommend the median LOS based on type of surgery if best practice data are not available. The recommended median and best practice target for X.

Under consideration is a request for X. Guideline criteria have been met. This patient presents with X. Functional limitations are noted in X. Clinical exam findings have documented X. X is status X. Detailed evidence of X has been submitted. X has reportedly been X cleared for X. Additionally, there is discussion supporting the need for X. X is indicated at the X. X is consistent with guideline recommendations. This request is supported as reasonable X, the available clinical and imaging findings support X. Therefore, this request for X is medically reasonable and 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 JUDGEMENT, CLINICAL
EXPERIENCE AND EXPERTISE IN ACCORDANCE
WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE
GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES**
- PRESSLEY 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)**