

AccuReview

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PATIENT CLINICAL HISTORY [SUMMARY]:

X: X dictated by X, MD. Impression: X in good position.

X: X Electrodiagnostic Study dictated by X, MD. Impression: 1. A X cannot be completely ruled out. 2. No definite evidence of X. 3. No evidence of X. 4. Further X is advised.

X: MRI X dictated by X, MD. Impression: X probably reflecting X Otherwise, unremarkable examination.

X: Post Designated Doctor's Required Medical Examination at Occupational Health Systems dictated by X, MD. Clinical impression: 1.X. 2.X. 3.X. 4.X. Following review of the available medical records, clinical examination and history, the claimant has reached a point of MMI. X has had X. X has had adequate attempts at X. At this time, X has X. MMI was reached at X.

X: Initial Pain Evaluation dictated by X, DO. CC: X. X. HPI: the claimant gives a traumatic injury where X. Since that time, X has had X. X reported X. X has become progressively X. X reported pain is X causes X. History is consistent with a prior X. EMG nerve conduction ruled out X, claimant underwent an X. Unfortunately, claimant reported X feels no better. Aggravating factors include X. Reported a weight gain over X pounds since injury. PE: HEENT: X. X revealed increased X. X has marked X. X has a X. X throughout the X regions was also noted. DX: 1.X. 2.X. 3.X. Plan: Claimant prognosis is fair, note from orthopedic surgeon specifically wrote the X. Unfortunately, intervention of this type has not been offered according to our records to this period. The claimant as well has become X. Immediate X support in conjunction with weak X on a steady state basis with HEP will be advised. X will then be advocated. Advised to take medication compliantly and expect this to

be a long process of X months. Advised that due to the medication regimen X will have to take X we asked to confirm compliance.

X: Initial Pain Evaluation dictated by X, DO. CC: X. HPI: injury required surgical intervention and since such, there has been X. X reported X. X has become X. Pain is reported as X and causes X. X history is consistent with a X. EMG nerve conduction ruled out X, and the claimant

X: Follow-Up Note dictated by X, DO. CC: X pain. Recommend X as the claimant has continued to have X. This is consistent with X. X is being treated for the compensable injury X. This includes a X as well as a X for side effects for this medication. Discussed X with X. Unfortunately, X insurer has not allowed us to go forth this definitive treatment. We will try again after X months of treatment is exhausted. X online X assessment showed X which were preclude a satisfactory outcome. X and X is receiving this medicine void of side effects and will X in X months.

X: Follow-Up Note dictated by X, DO. CC: continued X. Claimant is requesting X. X will be used to help X get X and become more functional and active. Will send for X. X. Medication combination of X. X does use a X and we will arrange for an X looking for more than X pain relief, improved X.

X: Follow-Up Note dictated by X, DO. CC: continued X. We recommend a X. Waiting on approval. Claimant has X. Having ascended the ladder of care including X. We raised the X.

X: Pre-Surgical Psychological Assessment dictated by X, MA, LPA. DX: X. Treatment recommendations: Patient has no desire to seek other provider opinions as X is ready to move forward with X. X reported trying to cope with X injury to the best of X ability and believes that X is the best option and course of treatment for X given that X pain is completely X. X added the desire to have the pain alleviated so that X may return to work again which X feels hopeful about doing. X recognized pre and post-operative responsibilities as a claimant to engage in health-promoting behaviors, maintain open communication with doctors and follow instructions given. Current pain reported at X and would be happy with resolution of pain to X.

In conclusion, the claimant does not appear to present with any X.

X: Follow-Up Note dictated by X, DO. CC: X. Claimant has been cleared the X. Claimant continued to have X. All following the work-related injury. Reports X pain has escalated into X. On PE, X has X pain as well as X. X has responded favorably in the past to X. X diagnosis was based on harden criteria. X has X. Medications are refilled today for X. Occasionally utilizes X occasionally at X. An X. Will schedule pending insurance approval.

X: Utilization Review Referral dictated by X, DO. Precertification request for X.

X: Follow-Up Note dictated by X, DO. CC: X. Today, X has X. Reported over X months ago, X received excellent relief utilizing X. X. Due to persistent pain particularly with weather changes, X pain has escalated back up to X. Would not recommend increasing pain medication as X has been tapered down to X. As a result, we will go ahead and recommend X. This is a X for a X process consistent with the ODG guidelines. X did get more than X in the past. X was more functional and more active and used less medicine. Urinalysis shows compliance with medication regimen. X is stable and recommend this request soon as any further delays lead to more refractory costly pain complaint. Due to claimant's X.

X: Follow-Up Note dictated by X, DO. CC: continued X. Recommended X. Unfortunately, insurance denied treatment. As a result, claimant is asking for stronger pain medication including raising X. Therefore, we are forced with X. Despite our efforts with interventional pain care, X pain continues to X. Unfortunately, that as well has been declined. There are limits to concerns for X, etc. X in compliance. Today, X showed X. This is an intellectually dishonest assessment as this claimant while X did have a X.

X: Follow-Up Note dictated by X, DO. CC: increased X. Recommend X. PE: X. X is a definitive treatment as X wanted to get back to former levels of activity both at X. Will raise X. Avoid X was advised and will schedule request pending insurance approval.

X: Follow-Up Note dictated by X, DO. CC: X. Claimant is doing well with a

combination of X. X is working at X. Recommend further intervention including X. Due to denial from insurance, X is forced to continue medication regimen. PE: X.

X: UR performed by X, MD. Reason for denial: X who sustained a work-related injury on X. X revealed X. EMG revealed X. MRI X showed concerns with X. Per evidence-based guidelines, X are recommended only for selected patients for specific conditions and in cases when invasive procedures have failed or are contraindicated. X are indicated for selected patients with X. Claimant was certified for X; however, clarification was needed if it was rendered by the claimant. Is so, objective response of the X should be presented. Moreover, although it was noted X was psychologically cleared dated X, the medical submitted was not recent. There should have recent clinical findings that would necessitate the need for the current request. Clear exceptional factors were not identified. The request is non-certified for clarification is required concerning a past approved X.

X: Follow-Up Note dictated by X, DO. CC: X. Claimant requires X. Refilling medications today as UDS shows compliance that is required for moderate to severe pain. Online X assessment showed good pain coping mechanisms.

X: Follow-Up Note dictated by X, DO. Claimant has X. With further delay, pain continued at moderate X. During X. Continue medications, advised on restrictive activities, and wait for insurance approval to move forward.

X: UR performed by X, MD. Reason for denial: Based on clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not medically necessary. In light of this presenting issues and in the absence of pertinent extenuating, circumstances that would require deviation from the guidelines, the request for X is not medically necessary as there were limited objective findings in the medical report that would validate the need for X.

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

Based on records submitted and per evidence-based guidelines X are recommended only for selected patients for specific conditions and in cases when invasive

procedures have failed or are contraindicated. X are indicated for selected patients with X. Claimant was certified for X, however, clarification was needed if it was rendered by the claimant. Objective response of the X should be presented. Moreover, although it was noted X was psychologically cleared dated X, there should have been recent clinical findings that would necessitate the need for the current request, concluding that medical necessity has not been met. Clear exceptional factors were not identified and therefore the request is not medically necessary. The request for X is non-certified.

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)