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### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xxxx-year-old xxxx who injured XXXX xxxx xxxx by XXXX and XXXX while at work on XXXX. XXXX has had persistent XXXX sided xxxx xxxx and XXXX XX and XX symptoms since that time. Per XXXX last office note from the requesting surgeon dated XX, the pain localizes to the XXXX xxxx xxxx and XX with intermittent pain, numbness and tingling in the XXXX leg. Occasionally XXXX feels some weakness in the XXXX leg. The pain is affecting XXXX daily activities. XXXX has been treated, during the nearly XX years since XXXX injury, with activity restrictions, XXXX therapy, XXXX pain XXXX, XXXX XXXX, XXXX, and XXXX XXXX injections. None of this has provided lasting improvement. XXXX has had X-rays of XXXX XXXX XX dated XX that showed XXXX XXXX disease at XX and XX without evidence of XX instability. XXXX has had an MRI dated XX that has been read by 2 different radiologists with concurrence on the fact that there is XXXX XXXX disease at XX and XX. Both reports suggest some degree of XXXX XX XXXX bulging/XXXX at both of these levels. The initial report suggests that there may not be significant traversing nerve impingement related to the XXXX findings, however the second reading does discuss contact on the XX and XX nerve roots at the respective levels. On XXXX exam, XXXX was noted to have a positive straight leg raise on the XXXX, normal reflexes, intact sensation, and 5/5 strength with the exception of 4/5 EHL strength on the XX. The request at this point is for a XXXX decompression at XX and XX.

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

Per ODG references the requested "XXXX XX Surgery" for the patient is medically necessary. This request was previously declined due to lack of objective imaging findings to go along with the patient's symptoms. This has been addressed with the second review of the MRI which seems to support the requesting surgeon's read of the MRI that there is MRI evidence of XX XX XX at XX and XX. There was also suggestion in the denial that the patient did not have significant enough objective symptoms to warrant the surgery. Per the not the patient's symptoms are affecting XXXX daily life. Also, per the ODG guidelines XXXX meets the criteria for surgery with radicular pain, numbness, and weakness in the XXXX leg that coincides with XXXX MRI findings. XXXX also has objective XX and EHL weakness on exam. Lastly, XXXX has had sufficient attempt at conservative treatments to say that it would not be expected that further conservative measures would provide lasting benefit. For all these reasons the current request for the XXXX XX surgery at XX and XX should be approved.



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**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 KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC XXXX XXXX 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
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES