



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
Phone: 214 732 9359 | Fax: 972 980 7836

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

The patient is a X who sustained an injury to X. Per the clinic notes from the requesting surgeon, X has X. X is reported to have done X and to have been treated with medications but there are no details about which medications or the duration or timing of X. X is reported to have had X. By physical exam X is noted to have some X. On X original exam in X is noted to have X exam noted in the more recent notes. X is noted to have X. X has an MRI from X that showed X. The main findings were at X.

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

Per ODG references, the requested "X" for the patient" is not medically necessary. While the patient meets criteria for X by imaging, X does not meet the physical exam criteria and it is not clear whether X has fulfilled the non-surgical treatment criteria. X has X pain and X. The duration and results of X treatment is not documented, and the nature of X medication treatments is not documented to know if these meet the non-surgical treatment criteria. Also, there is not good documentation of the results of X treatments to support the necessity of surgery. For these reasons, I concur with the prior decisions related to this case that the X is not certified.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**



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- 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 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



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## FOCUSED GUIDELINES