



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X with a work-related injury to X. X has apparently undergone X. At present, per the note dated X, X has complaints of X. X has been using X which is reported to have a significant change in X pain. No other recent treatment is reported. On exam X is noted to have X. X is noted to have X. X is noted to have X not noted to be the cause of this. X is noted to have X. No objective studies are available for review.

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.

It appears that these symptoms have been present for at least X since the patient's X. There is no real indication of a specific surgical plan in the available information or how it would be expected to improve the patient's condition in a way that X. Per the note it appears that the X. There is no objective evidence of X by EMG and no specific surgical plan in terms of X as to how best to address the patient's symptoms. There is also report that X pain has improved with X. There would also be concern given the duration of X. For these reasons the X is not certified. With these other X not being performed then there is no need for a possible X so that is not certified as well.



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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 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



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- PEER REVIEWED NATIONALLY ACCEPTED
MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY
VALID, OUTCOME
FOCUSED GUIDELINES