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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X who was injured on X. Claimant reports X. Prior treatment has included X MRI, EMG, X. The claimant was diagnosed with a X.

X: Psychology Eval by Dr. X. X valid MMPI-X. There are no significant clinical psychological diagnoses apparent. X indicate Minimal X. X FABQ scores indicate the X.

X: MRI X (compared to CT on X). Impression- 1.X. 2.X. 3.X.

X: Progress notes by Dr. X. X pain. Constant X pain rated X, which makes up X. The remaining X. X has undergone X. X has a history of X, X. On examination, X. There was a psychological evaluation done on X. X-rays show an X.

X: Progress Notes by Dr. X. X. Pt was treated with X. Today pain is X. The remaining X. Symptoms radiate along the X. Numbness in X. Weakness of the X. Today, X. LLE pain is X. On X. The X decreased the X pain by X. On X, the X. Afterwards the pain begun to return steadily. On X pt received X psychological evaluation clearance from Dr. X and the patient continues to be interested in a X. X were suspended because of the X for which X had to be hospitalized. X had been helping the X pain as well to recondition the X and help the X pain, which has now returned as well as new neurological changes including a X. The pt has X. Active Meds- X. Non-smoker. On exam pulling pain with X. There is pain and tenderness with a X. X tenderness. X can X. Pain with X, X. Continue X. Positive X. Positive X.

X: UR by Dr.X. Rationale- The report of the psychological evaluation must be provided such that the exact findings and determinations can be reviewed. X, PA-C said X would fax it. At the time of the deadline, the evaluation had still not been received. There was no documentation of X, instability, X. to support the need for a X. The alignment of the X was normal on MRI dated X. If there is documentation of a X such as a radiologist's report, it must be provided. X stated that Dr. X does x-rays in office and reads them himself. X said there was a X. X said the rationale for the X was for X. X is not an indication for a X. The extreme X is not being recommended as per the guidelines. Also, X is supposedly for pts who cannot undergo a X. Therefore, non-recommended.

X: Progress Note by Dr. X. The present X pain remains constant and variable with a X. Today X pain is X. The remaining X include X. Symptoms radiate along the X. Numbness X. Weakness of the X. Present baseline changes from X. Today, X pain is a X. X pain is a X. X pain with X. Pain and tenderness with a X. The pt has had ongoing X pain and X pain that has not improved with X. Continue X. We are pending authorization for the X.

X: UR by Dr. X. Rationale- There is no evidence of significant X. ODG does not recommend X. Furthermore, the records do not include documentation that demonstrates non-operative measures have failed. No formal X records were submitted. The records did not include the psychological evaluation that was reportedly done. There is also question about the request, which was not clarified, it is unclear why X have been requested at the same levels. This would need to be further clarified by the surgeon. Non-certified.

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

The previous adverse decision is Upheld. This patient was injured in X. X has pain in the X. X MRI (X) identified X. The records reviewed confirm X. The patient has X. The treating physician has recommended a X. The patient has completed a psychological assessment which cleared X. The Official Disability Guidelines (ODG) supports X. X is not recommended for X. This patient has X.

X is a contra-indication to X. It is unclear why the surgeon has recommended X. Therefore, the request for X is considered not medically necessary.

PER ODG....

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)