



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
281-836-6171**

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X who sustained injury to X. Mechanism of injury was not clear based on the submitted documentation. The patient presented for follow up with Dr. X on X with continued complaints of pain and X. Physical exam revealed X. X had X. MRI read (from physician not official read) was for X. There was no X. Recommendation was made for X.

There were 2 previous adverse determinations for the proposed X. On X, the case was found noncertified due to insufficient supporting clinical documentation to support the request. On X, the case was again found noncertified due to lack of supporting MRI report and no mention of X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL

BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to Official Disability Guidelines (ODG), X is supported if history, physical examination, and imaging indicate significant X. Additionally, ODG recommends X for patients over age X and X for patients under age X. In this case, there is no supporting documentation submitted demonstrating the X which would include X. There are no physical therapy notes submitted. Additionally, the actual MRI report was not submitted with the request to provide objective supporting documentation and confirming the reported MRI findings by the treating providing suggestive of X.

Therefore, it is the opinion of this reviewer that the medical necessity has not been established of the requested X. The previous adverse determination is upheld, and the request is noncertified.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES