



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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained a work-related injury on X. EMG/NCS was done on X that showed X. X was denied X. The claimant's complaints consist of pain X. X's on medication for X. X was taking X but no longer takes it due to X. Behavioral evaluation was done on X noting X. The claimant reported X. X takes X for pain, but X treating and pain doctors X. FCE was done on X that revealed the claimant was X. Limited factors during objective functional testing included X. There were 2 previous adverse determinations for the purpose of X. On X, the case was found noncertified because FCE indicates X current PDL of medium matches X job demands. On X, the case was again noncertified first because MRI showed an X. Secondly no pain medication was noted so does not require X. Thirdly, BDI and BAI were X.

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

After review of records provided, the request for X is medically necessary. Official Disability Guidelines (ODG) indicates rehabilitation program may be considered medically necessary in following circumstances: Secondary X. The

behavioral evaluation revealed that the claimant has X. Although FCE revealed the claimant was tested at the X, the claimant was unable to X. The records revealed that X was requested but was denied. The claimant was taking X for pain and X treating and pain doctors do not prescribe X. Chronic Pain Management program can alleviate the X. Therefore, it is the opinion of this reviewer that the medical necessity has been established for the requested X.

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

Official Disability Guidelines (ODG), Pain Chapter (updated 9/27/19)