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PH:

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IRO Certificate

PATIENT CLINICAL HISTORY SUMMARY

X who sustained an injury to X. X underwent CT scan of X. X then underwent an MRI of X. The soft tissues were unremarkable. X.

Patient was seen by Dr. X with complaint of X pain. Exam showed X. In office x-rays were taken; no x-ray findings or interpretation was put forth in the office note. Patient was diagnosed with X. Dr. X recommended X. Patient underwent functional capacity evaluation conducted by X, PT, DPT, X. Note states X did not demonstrate the ability to perform essential responsibilities of X regular duty as a X.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Patient again seen by Dr. X. X presented with X pain with X. X x-ray report showed X. It does note X. MRI of the X also mentioned in the note. It was recommended that X be treated with a X.

Patient again seen by Dr. X. X presented with X pain. Physical exam showed X. Normal X exam with positive X. It was recommended X continue with X. Once again, they discussed X and a follow-up MRI was recommended.

Patient was seen by Dr. X. Reports constant pain in X. Physical exam showed X. X was diagnosed with X. MRI was requested.

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

Opinion: I agree with the benefit company's decision to deny

the requested service.

Rationale: I agree there are no documented changes in patient's X exam which was X. MRI of the X was performed X. MRI of the X.

The request for an MRI of X is not medically necessary for this patient.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES X**

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID,
OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)