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PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was X. The diagnoses were X. Per an office visit by X, DO dated X, X presented for evaluation and X. Per note, the X helped. X was utilizing X. X reported the ongoing X was effectively controlling X pain. Medication improved X activities of daily living (ADLs) by improving both X pain and function. X had increased pain with increased activity in the previous few weeks. The pain level was X and the pain scale was rated as X. X examination exhibited X. The X exhibited X. X pain was elicited by X and it was more dramatic than the X that was produced by X. A X test of the X. X was X. X were normal, X was normal, and X was normal. The assessment revealed that the evaluation indicated X continued to benefit from and have a positive response to X. Per Session Short Report dated X, the X. Changes were made in X. The X. The drug used was X. The title beginning of the session was X. The infusion was X. The X. According to the office visit report dated X, X complaint was X pain, and X. X presented for a refill of X. X reported that X helped X maintain the activity of daily living. X reported increased pain with increased activity the previous few weeks. History of present illness noted the pain was interfering with X. X reported X was effectively controlling this pain. X reported medication improved X activities of daily living (ADLs) by improving both X pain and function. X was seen for a X. X reported that X helped X maintain the ADLs. X had increased pain with increased activity in the last few weeks. The review of systems showed complaints of X. There was no complete physical examination documented in this report to note for pertinent objective clinical findings. A X Report at X. dated X was positive for X. Treatment to date included X. A utilization review was completed on X. The request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is

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noncertified. There was no X report submitted for review to X." Per a utilization review dated X, the appeal request for X. Rationale: " Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X. The time between X will vary based on X. The patient reported that X helped X maintain activity of daily living. It was noted that X had increased pain with increased activity last few weeks per X visit. X was increased from X. X had a X on the X visit; X. X on X showed positive for X. A request for X may be considered given the patient's positive response to current X; however, clarification is needed regarding the increase in dose from X as comparison of the pain levels in the X and X report had no significant changes. Pending clarification, the request is still not substantiated at this time."

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

This patient has a history of X managed with a combination of X. The current request is an appeal regarding the patient's X. Prior reviews have expressed concerns about lack of current X. The medical records clearly document ongoing subjective and objective functional benefit from the X, which is the key criteria for continuing use. While X may be indicated with reference to X, unless there is a reason to suspect some form of X is not generally required for patient's being treated with X is not applicable. With regard to the X, it is not clear whether this was a clinical adjustment, or a rounding/mathematical issue related to the X. In either case, the increase is not clinically significant in view of the patient's reported benefit and the lack of any significant side effects.

For these multiple reasons, the X under review at this time is medically necessary and should be certified.

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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 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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL