

## **AccuReview**

An Independent Review Organization

P. O. Box 21

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X: MRI X dictated by X, MD. Impression: 1. X. 2. X. X. 3. X.

X: Encounter dictated by X, MD. CC: X pain, no work, passed out after being exposed to a X. Mediations: X. Presently X has pain with X. MRI scan showed evidence of X. Also, of note was X consistent with post injury X which was not mentioned by the radiologist. PE: Examination of the X revealed X. This caused discomfort. Most of the pain occurred with X. There definitely was a side to side difference with respect to this X. X sign, X. X was noted over the X. X and X of the X. X testing in X showed X although no substitution was noted. No evidence of X. Examination for instability did not reveal an X. X was noted. X. Assessment/Plan: X. The nature of a diagnosis and treatment options were discussed. Decidedly on physical examination today X has evidence of X. Also, by my reading X MRI scan clearly shows X especially in the X. This would correspond to X limited X. This is a painful condition. In X case however, X is close to having most of X motion therefore we will begin with X including X. Claimant was given literature and instruction regarding X. X is also given a prescription for X which X can utilize at X. Placed on office work with no significant X. DX: X pain, X:  
View x-ray X.

X: Encounter dictated by X, MD. CC: X pain, went to X and was doing X and does see improvement, hoping for full duty tomorrow. Medications: X. X is markedly improved and not having appreciable pain currently. PE: X is functional; X elevates to X. Slight decrease when compared to the X. X testing revealed X. Minimal if any pain over the X. Assessment/Plan: X. X has undergone X; X X is markedly improved. X has having minimal symptoms. X is very motivated individual. X is undergone X

and X. X has been very diligently completing X. Agree X is ready to X. Advised to continue a regular basis with X. If any further difficulty or questions X will contact the office and we will evaluate X at that time. DX: X.

X: Encounter dictated by X, MD. CC: X pain is now X, wants to discuss next step or if more X will help, X is still working full duty. PE: X is functional as X elevates to X. X is more X. There is X testing X. More X were noted in the X. X again has a positive X sign and a X test. There was increased X suggesting possible X. Assessment/Plan: X. Today X presented with more X and does suggest ongoing problems. Previously discussed not administering a X and X has already undergone X as well as extensive X. If no progress, other options will include X. We will take a critical look at the X. If in fact ongoing X is noted X may require a X, which the decision will be made intraoperatively. Interim, continue regular work activity. 1. X, 2. X.

X: UR performed by X, MD. Reason for denial: This claimant X. On the X MRI there was X. There was moderate X. There was no report of any X to the X. The ODG would not support this X request as a medical necessity given that there is no X. The X is not medically necessary since the X is not approved.

X: Encounter dictated by X, MD. CC: X. Claimant presented with continued difficulty with X. X was desired on the basis X did not have a X and the X was not necessary. The X would only be necessary if the claimant in fact had a X. X major diagnosis is that of X. Claimant continues to have difficulty with the X. X is desired on the basis X did not have a X and the fact a X was not necessary, as it would only be necessary if the claimant had a X, as X major diagnosis is X. PE: X reveals a decrease when compared to the X. X today to X, X to, X the X. Discomfort was noted at the X, X were noted. Again, X testing revealed X were noted in the X. X again has a X sign and a X test. Discomfort was noted over the X. Again, as previously noted on X examination X appeared to be increased. Assessment/Plan: X with limited motion and X. X was denied. Would like to remind the reviewer that the injury was X, and X has undergone all measures of X. Today on PE X did have more X, X sign and a X test along with X. Again, this suggest ongoing issues with the X is not recommended as this would lead to further X. Request reconsideration for X as X has already undergone X and X. Furthermore, X mechanism of injury is consistent with X present symptoms therefore X is present regarding X injury and X

present diagnosis. Other options will include X. We will also take a critical look at the X, as if in fact X, may need intervention with X with decision made intraoperatively. Continue with regular work activity. DX: X.

X: UR performed by X, MD. Reason for denial: The ODG supports X. A X is supported when there is been ongoing X on exam which is corroborated by imaging and there is been a failure of X. A X procedure is supported when there is X. A X is supported for X when a history, PE, and imaging are indicative of significant X and there is been a failure of X. The documentation provided indicates that the injured worker has X pain despite X. A physical examination documented X. An MRI documented X. The treating provider has recommended a X. Based on the documentation provided, the ODG would not support the requested X as there is no evidence of X on imaging, there has not been a X. As such, a X would not be necessary. The request is recommended for noncertification.

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

The request for X is denied. This claimant injured X at work. X MRI demonstrated X. A moderate degree of X was noted. The claimant was able to return to X following a course of X. In X, X reported X pain, with X on examination. The treating provider recommended a X. This claimant's MRI demonstrates no evidence of X. It is possible that a X was missed on the original MRI. In this case, a X would be required to document a X, prior to consideration of X. In addition, a X to the X should be performed prior to a X. This claimant is not a candidate for X at the present time as X has not met the criterion set forth by ODG. The request is not medically necessary. Therefore, after reviewing the documentation and medical records provided, the request for X is denied.

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)