



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X. X has had X pain with X. X was treated with X. At X pain management evaluation dated X, X is noted to have X pain with X. This is X. On exam X was noted to have decreased and painful X. X had a X. X had decreased X. X had decreased X. X of the X was done X and showed X. The request at this point is for X.

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

Per ODG references, the requested "X" for the patient" is medically necessary. The patient has X related to X noted on X that are consistent with X symptoms and X has objective physical exam findings that are consistent with this as well. X has had prior treatment with X. With all this, X meets the ODG criteria for X. The plan to do the different levels as separate procedures also is supported to assess which level(s) may be contributing to X symptoms. For these reasons the requested procedure 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 KNOWLEDGE BASE
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL



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- PEER REVIEWED NATIONALLY ACCEPTED  
MEDICAL LITERATURE (PROVIDE A  
DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY  
VALID, OUTCOME  
FOCUSED GUIDELINES