

Icon Medical Solutions, Inc.

406 Tara Ln

Troup, TX 75789

P 903.749.4272

F 888.663.6614

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant was involved in a work-related incident on X, where X sustained a X. Claimant is status X. The claimant then underwent X and again on X. The claimant has received and X and has continued attending X.

X: Quick Note by Dr. X. X. Reports feeling good today. Pt is progressing X than anticipated, towards established X. Recommend continue X. Patient still displays some difficulty with X.

X: Quick Note by Dr. X. Patient states this has been a X.

X: Quick Note by Dr. X. Patient reports increase pain in X.

X: Quick Note by Dr. X. Patient reports some X. Pt is progressing X. Recommend continue X. Assessment: X.

X: Quick Note by Dr. X. Reports feeling okay, still having pain. Wasn't too X after X.

X: Quick note by Dr. X. Today reports X likes to run in X but is not able to X of X due to pain. Assessment: Pt is progressing X. Recommend continue X. Mild pain to X. X continue to be a X.

X: Progress Note by Dr. X. Back at work, light duties. Stabbing pain- constant aching pain-X. Still working on X, needs new script for X. Examination X. Plan- increase to X hours of work per day. Continue X. Needs script for X. Not currently on pain meds currently.

X: UR by Dr. X. Rationale- The claimant has been X. There is no indication of X.

Moreover, the claimant has been provided a X.

X: UR by Dr. X. Rationale- The proposed treatment plan is X. Since X have been certified without interruption until the denial on initial level review on X. This exceeds guidelines. There is no X.

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

The previous adverse decision is UPHeld/AGREED UPON. After completion of X. There is also a lack of clinical information with no objective evidence of gains in X. Therefore, the request for X is considered not medically necessary.

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
- 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)