



Specialty Independent Review Organization

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X. The mechanism of injury was described as X. A review of records documented the injured worker had a history of X pain with onset X. The X report impression documented a suspected X. There were no X. Findings documented the X. The X treating physician report cited complaints of X pain with X. X had a history of X. Symptoms were worse with X. Prior treatment had included X. The patient would like to try to X. X exam documented no X. The diagnosis included X. The treatment plan recommended X of the X. The X report indication documented X pain, X. The impression documented X. The X were intact. Findings documented marked X. The X report cited complaints of X pain. Current medications included X. X exam documented X. The X was reviewed and showed X. The diagnosis included X. X was reviewed with the patient. The X was not convinced that the X. X was encouraged to work on X. If no relief, X could be considered. The X report indicated that the patient was seen for follow-up regarding X. X was having X pain and working on X exercises. Current medications included X exam documented X. The diagnosis included X. A discussion of treatment options was documented. The patient wanted to proceed with X and indicated procedures. Authorization was requested on X and indicated procedures (X) for a diagnosis of X. The X peer review report non-certified the request for X and indicated procedures (X) as not medically necessary. The rationale stated that the Official Disability Guidelines did not recommend X in this patient's clinical setting of significant X was also not supported if there was concurrent X. Additionally, the most recent progress report on X did not include an exam of the X exam was documented. Appeal authorization was requested

on X for X and indicated procedures (X) for a diagnosis of X. The X peer review report non-certified the appeal request for X and indicated procedures (X) as not medically necessary. The rationale stated that there were no documented mechanical symptoms, the most recent provided clinical progress note did not include a physical exam of the X, and the request for indicated procedures was unclear if procedures other than X were being requested. The X report cited complaints of continued X. Conservative treatment had included X. X exam documented X. The diagnosis included X. The treatment plan prescribed X. It was noted that X had been appealed unsuccessfully. The X was reviewed again. X. It was opined that due to X mechanical symptoms and failure to improve with, X was warranted. X would be to evaluate and X.

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

The Official Disability Guidelines state that X is not recommended for X. Criteria for X include X. Criteria additionally include two subjective clinical findings X.

This patient presents with X pain with associated X. Symptoms are worse with activities of daily living. Clinical exam findings have documented X. Conservative treatment has included X. There is imaging evidence of X. The X has reported X. Due to X on-going mechanical symptoms and failure to improve with X has been requested. The X has overall clearly stated that his X plan was to evaluate and X. Guideline criteria have been essentially met in the setting of mechanical symptoms (X. Therefore, this request for X is 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 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**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**