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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured worker is a X. The injured worker reportedly X. Evaluation included X, X and repeat X, X and X. No acute injuries such as X. X was interpreted as demonstrating X. An operative report of X listed diagnoses of X. The operative report notes, "X." The report states, "X was completed by X." A X progress report states the patient is making " X. A X report states the patient is having X. The exam states, "Patient is for elevation, X. X continues to be X. X test. X test." An X was recommended. The next provided report of X states, "We had ordered an X of X because X was status X." A report of X x-rays notes, "no X." The most recent report of "A X" states that "x-ray of X."

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

This is an unusual request for a X in a patient who underwent X. Records provided contain X. The X operative report lists diagnoses of X. The body of the report notes that the X. X. X is not indicated for X. The treating/requesting surgeon notes that X x-rays were X . If the X were surgically excised as the X operative report states, subsequent x-rays would not be X – the X would be absent. The X MRI and X operative report did not identify any X. On X the treating/requesting surgeon states the patient was "status X."

Regarding the specific request for a X, X increase in incidence with aging and are extremely prevalent in this injured worker's age range and studies have identified X on Xin over X of the population in this age range. As a result, evidence based treatment X for evaluation and

treatment of X, such as those found in Up To Date note, "X imaging is generally recommended in patients under age X years and not older patients because X. Patients X years of age and older should generally not be referred for X imaging prior to X evaluation. X exams are likely to be X in these patients and rarely change management in this age group." In this case, the patient has undergone X prior to X, definitive X has been performed and there is no mention of X. There are no treatment X specifically discussing this unusual request for X in the setting of failed Xfor symptoms attributed to X.

Therefore, I have determined the requested coverage for X of the X is not medically necessary for treatment of the patient's medical condition.

**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**
- 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**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED  
MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY  
VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**