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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X.

X: PT by X, PT. Cumulative total of PT visit was X.

X: X interpreted by X, MD. It was revealed X.

X: Office visit by X, MD. The claimant complained of X pain X. The quality was X. X was moderate. The pain did not interfere with X. The pain was present X. Since the onset, the overall severity of the pain had moderately increased. X had a X. X -showed X degrees with X pain and severe pain in the X. Severe X pain into X degrees with X pain and severe pain the in the X. Treatment included continuing current medications and follow up visits in X weeks after X.

X: UR performed by X, DO. Rationale for denial: Based on the clinical information submitted for this review this request is non-certified. X is recommended as a possible option for short term treatment of X pain with use in conjunction with X efforts after being unresponsive to X.

X: UR performed by X, MD. Rationale for denial: The claimant is a X with pain to X. Claimant had a total of X visits to date wherein X was X. In this case, the claimant complained of X pain with X. X rated X pain as X. Based on the clinical information submitted, this request is non-certified.

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

Amended on X:

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The claimant is a X. Claimant had a total of X visits to date wherein X was X. In this case, the claimant complained of X pain with X. X rated X pain as X. Based on the clinical information submitted, this request is non-certified.

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)