**Vanguard MedReview, Inc.**
**101 Ranch Hand Lane**
**Aledo, TX 76008**
**P 817-751-1632**
**F 817-632-2619**

**PATIENT CLINICAL HISTORY [SUMMARY]:**
X: X interpreted by X, MD. **Impression:** 1. X. 2. Multiple X. 3. Large X.

X: Encounter Report by X, MD. **Diagnosis:** Closed X. **History:** X year old X. X noted immediate X. X has been treated with modification of X. X is still having pain and difficulty returning to X. **Plan:** Started X. PT education. I recommend considering X.

X: UR performed by X, MD. **Rationale for Denial:** In this case, the X report does not describe an X to support the necessity of X. Medical necessity has not been established. Therefore, my recommendation is to non-certify the request for X.

X: UR performed by X, DO. **Rationale for Denial:** The ODG state that X provides a minimally invasive treatment option for a wide variety of indications including X. Posterior X can be treated using X. X indications for X. The patient complained of X pain and was previously treated with X. An X of the X dated X, revealed a X. Multiple X was seen. There was a X. On examination, pain was noted X. Pain was noted with X. Mild X was noted in the X and there was X. There was also X. However, there continues to be a lack of official imaging evidence of an X. As such, the request for "Appeal: X is non-certified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**
The request for X is denied.

The patient is a X year old X. The X of the X demonstrated an X. On X, the treating provider recommended X, which he identified on X.

The Official Disability Guidelines (ODG) supports X.

The X report does not identify an X. The diagnosis of these subtle injuries can be performed with a X.

Based on the records reviewed, X is not medically necessary for this patient.

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