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PATIENT CLINICAL HISTORY [SUMMARY]:

X: UR performed by X, MD. **Rationale for Denial:** This case involves a now X with a history of an occupational claim from X. The mechanism of injury was due to X. The current diagnoses are documented as X. Medical comorbidities were documented as X. On X, the patient was seen for an evaluation regarding X. The patient reported X pain. The patient reported completing X. Relevant medications include X. The patient reported X pain rated a X. Prior relevant treatment included X. Physical examination of the X revealed X. The patient was recommended for X. ODG recommends X as a form of exercise as an alternative to X. Based upon the clinical documentation submitted for review, the patient reported X. As per the report, the patient completed X. Prior relevant treatment included X. However, the guidelines recommend X. Additionally, the patient completed X. The request for therapy does not specify which area of the body is being targeted by X. As such, the request for X is non-certified.

X: UR performed by X, MD. **Rationale for Denial:** The previous adverse determination was due to no documentation indicating the patient needed X. The patient completed X. The ODG recommends X. It is an X. The X is specifically recommended where X. The patient complains of X. The patient stated the X and the patient reported a X. The patient completed X. Upon physical examination there was X. However, there is no documentation provided on why the patient needed a X. There are no comorbidities that would warrant X. There is no documentation provided with the X. There was no new information submitted to overturn the previous appeal. Therefore, the request for X is a non-certified.

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

Based on records submitted and peer reviewed guidelines, the previous adverse determination was due to no documentation indicating the patient needed X. The

patient completed X and there was no documentation of objective X. The ODG recommends X. It is an X. The X is specifically recommended where X. The patient complains of X. The patient stated the X and the patient reported a X. The patient completed X. Upon physical examination there was X. However, there is no documentation provided on why the patient needed a X. There are no X that would warrant. There is no documentation provided with the previous X. Therefore, the request for X is not medically necessary and should be 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)