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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is X. The patient was X. X of the X dated X revealed at X. X is noted to be unremarkable. Office visit note dated X indicates that the patient presents for follow up of X pain. The patient underwent X on X. The patient states X has completed X. Medications include X. On physical examination X. X is X in the X. X is intact in the X. X reflexes are X. The initial request was non-certified noting that the Official Disability Guidelines state that X is recommended for primary treatment of X pain. Treatment requires a solid diagnosis of X pain confirmed by a X with a response of X for the duration of the X. In this case, the patient complained of X pain. However, prior X for the X was not documented. In addition, there was no documentation of a X. As such, the request for X is non-certified. The denial was upheld on appeal noting that the patient received a X." However, the specific response or duration of the response was not stated. Additionally, there is no evidence of X specifically directed at the X. Furthermore, this request was previously denied with on additional documentation or compelling medical rationale provided for this review in order to overturn the prior determination.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient reportedly underwent a X; however, there is no specific information provided regarding this procedure including X and patient response. There is an illegible office visit note submitted for review that appears to discuss the X; however, it is exceedingly difficult to X. There is no documentation of X directed at the X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES