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Professional Associates, P. O. Box 1238, Sanger, Texas 76266  
Phone: 877-738-4391 Fax: 877-738-4395

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient attended X on X and X noted X had a X. X degrees, X degrees, X degrees, and X degrees all with X. X continued to demonstrate X. X, D.O. examined the patient on X. X had X. X then landed on X. X was X. X was intact except for X. There was noted to be an X and pain referred from the X. X was negative. The assessments were X. The patient would be referred for a X, which was obtained on X. It revealed X. There was X. Clinical X was recommended. They went over the X results on X. An X was recommended, and X was referred to Dr. X, an X. Dr. X examined the patient on X pain. The X was reviewed. X was X. The assessments were a X. Dr. X noted they would treat the X. On X, a preauthorization request was submitted, and an adverse determination was made on X. The patient followed-up with Dr. X on X. The X helped for about a week and X was awaiting therapy approval post an evaluation. X had a X on exam. X testing was negative on the X, but X testing was positive. X were negative on the X. Dr. X noted the patient had X and would likely benefit from an X. An appeal preauthorization request was submitted on X, which an adverse determination was again provided for on X.

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

The patient X. The patient had been diagnosed with X. The X of the X on X did not show any evidence of X , as there was no evidence of X. There was X. X to the X were also noted. The patient did not have any evidence of a X would be necessary. The Official Disability Guidelines (ODG) do not recommend X. In addition, it is unclear how many sessions of X, if any, the patient has attended indicating a failure of X. Based on the mechanism of injury, the absence of objective findings, the lack of documentation of X, as well as the X, the requested X is not supported by the treatment guidelines nor is it medically necessary. Therefore, the previous adverse determinations are upheld at this time.

**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**

**X 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)**