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**PATIENT CLINICAL HISTORY [SUMMARY]:** X who reported a work-related injury on X. X. X stated X. X stated X continued to work and continued to have X and pain to the area. The ongoing diagnoses are X. X was evaluated by X, DPM on X for the chief complaint of X. X presented for follow-up of X work-related problem. X stated X had been working; however, X had a lot of pain and X when X did. X had to be on X and was unable to do it. It significantly limited X, and X had to X. X was concerned X may make X. The pain was significant with X. X got the X but could not X too much. X also has X pain, for which X took X. X wanted to have a different medication, as the X had not been helping. X had tried X, which X did not like. X also reported X which was X. X examination noted X. The X felt X with no significant X. X was noted. X were reviewed and revealed X. The X was X. There was also X. The X appeared to have X. Dr. X documented that X clearly had X. X. X typically occurred as a result of injury versus X could be caused by an X. It may not immediately show clinical X. Per a peer review dated X, an X or the X. The study was interpreted by X, MD as X injury to the X including X. X in the X. There was X. X of the X dated X showed changes of X. X of the X showed X. Treatment to date included medications X. Per a utilization review determination letter dated X, X, MD denied the request for X. Rationale: "A peer to peer took place between Dr. X and Dr. X on X. The provider stated that one of the X. The X plan was discussed. Patient had a similar procedure on the other X. An X event and would require X. The patient was first seen by the provider in X, several months after the injury. The patient complained of X. It was stated that the patient does not have X. The determination was left with the provider. On X, a request was non-certified for X. X, Application of X. It was noted that according to the evidence-based guidelines, X is generally not recommended. As noted above, a request for X was previously non-certified as the guidelines do not support X. The physician has now removed the request for X. However, it remains relevant

that the Official Disability Guidelines do not recommend X. Based on the peer discussion, the provider feels the main complaint is pain from X. There are no findings supporting that X is needed at that level. No further changes were present since the previous submission on either X or enhanced imaging. Based on this information, the medical necessity remains unsupported. Therefore, my recommendation is to NON-CERTIFY the request for X.” Per a reconsideration / appeal of adverse determination letter dated X, MD upheld the original determination and could not recommend certification of the procedure / treatment as medically necessary for the following reason(s): “As noted above, the request for X has been non-certified on multiple occasions with the most recent non-certification on X after the physician removed the request for X. It was pointed out that guidelines do not recommend any type of X. A peer-to-peer discussion had been performed with the previous reviewer and the provider felt that the main complaint was pain from X. No further changes were noted since the previous submission on either X or enhanced imaging. This rationale remains relevant to the current request. The updated documentation includes a request for review by an independent review organization from X, without an indication that clinical findings have changed. The denied service was identified as "X", suggesting that the X is to address X, which is not supported by the Official Disability Guidelines. Based on this information, the medical necessity is not demonstrated for the X or the associated requests. Therefore, my recommendation is to NON-CERTIFY the APPEAL for X.”

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

The ODG does not support surgical intervention for X. The documentation provided indicates that the injured worker has ongoing complaints of pain related to X which is not improved despite X. A physical examination documented X. Additionally, the patient has X. The treating provider has recommended a X. Based on the documentation provided, the requested X would not be considered medically necessary or supported by the ODG as guidelines do not recommend X.

Given the documentation available, the requested service(s) is considered not medically necessary and the request is upheld.

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES