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PATIENT CLINICAL HISTORY [SUMMARY]: X who sustained injuries to X. X was X. X was seen by X, MD on X. On X, X presented for status post X. The symptoms were worse with X pain. X prior X electromyography (EMG) / nerve conduction velocity (NCV) showed non-localized X. On examination of the X, there was tenderness over the X. X test, X test, and X tests were X. X had X. The assessment included another specific X. The treatment plan included proceeding with X. On X, X presented for a follow-up. X reported continued X. The aggravating factors included X. A physical exam documented X, positive X, and positive X test. A X was provided. An MRI of the X dated X showed moderate X. It appeared to have X. There was likely X. The treatment to date included medications X. Per a Utilization Review Decision letter dated X by X, MD, X request for X was denied. The criteria used was the Official Disability Guidelines X. Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "There was a previous adverse determination letter dated X whereby the request for X was noncertified. Regarding X, the reviewer noted that the patient had a X as evidenced by X. There was no X. Further clarification was needed for clarification, attempts at a peer to peer review were unsuccessful. Therefore, the requested X was not medically necessary."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The ODG supports X when there is documented X on imaging without significant X. Guidelines support X on physical exam and imaging which is not improved with X care. The documentation provided indicates that the injured worker has X pain with limited function. A physical examination of the X documented, positive X, positive X, positive X test. Previous treatment has included X. The treating provider has recommended a X. An MRI of the X documented moderate X. Based on the documentation provided, the ODG would not support the requested X as it is not indicated when there is documentation of X. Additionally, a X would not be supported as there is no documented X on physical examination, and it is unclear if an X would result in meaningful improvement given the X. The ODG supports X following X. The documentation provided includes a request for X. Additionally, the provider has requested a X. Based on the documentation provided, the X criteria have not been met. As such, a X would not be considered medically necessary. The request is recommended for noncertification.

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

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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL