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PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X. The IW records indicate X was X. Treatments include X. Return to work would necessitate an ability to work at a Heavy PDL. A visit with Dr. X (DO) in X, indicates X. X was returned to full duty on X and the note indicates the IW wants to X. The IW presented to X. X was placed on X. X was referred for an X of the X. On X was approved. A DWC 73 of X indicates X may not use X for work. On X, X, MD indicates the injury is a X. X Designated Doctor report including MMI/IR and Extent of Injury indicates the IW has a X. Disputed issues include a X. The DD exam indicates a X. An FCE was performed on X and indicates the following: critical demands of X. X pain questionnaires X. The examiner indicates there is no symptom magnification. The IW is X. Sustained X testing in X was severely different with the current X of the previous test. X was also compared during the X testing. X. Regarding the X all X reduced between X with only adduction improving by X. X of the X was reduced in a very similar manner as X, wherein, the only improvement was in X. An X by X indicates that the IW should undergo the X. The X note by Dr. X notes the IW is X.

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

Per the ODG, X is recommended as an option, depending on the availability of quality programs, using the criteria below.

**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 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)