

AccuReview

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PATIENT CLINICAL HISTORY [SUMMARY]:

X: X dictated by X, MD. Impression: X. X. No additional X.

X: X.

X: Designated Doctor Examination dictated by XX, DC. The claimant has been determined to not be at clinical Maximum Medical Improvement based on review of the available medical records, my direct interview of the claimant today, and my examination of X. An X was completed, and Dr. X diagnosed possible X which has not been evaluated at this time. There is anticipation of further recovery and restoration of function.

X: X Consultation dictated by X, MD. Impression: Normal study. No evidence of X. Clinical presentation suggestive of X as well as X.

X: Office Visit dictated by X, MD. CC: X pain. Pain X and currently taking X. Current X. Current Medications: X. PE: X exam: minimal X. Tender over X. Assessment: X pain, X pain, X, Complex regional pain X. Plan: Start X. The claimant complained of X. This is concerning given X pain has been somewhat out of proportion to X exam findings all along that X may have X. Will start X and we will monitor X response and send X to see Dr. X for reassessment and treatment options. There is no evidence of X as by X.

X: Initial Visit dictated by X, MD. CC: new patient self-referred to evaluate and treat, X pain. Claimant complained of sensory reports of X. X reports of X. Claimant is a X who presents for evaluation and management of X pain. Claimant has had the pain for the X. X complained of the pain X. X rated pain X at best, X at worst, and X

currently. Pain is aggravated by X. X reported trying X with mild relief of pain symptoms and denies history of X. PE: X. Assessment: X. Claimant has chronic X pain due to X. Treatment: Claimant is on X, to improve daily activity and functionality, per CDC guidelines which states that X is necessary for assessing risk and addressing harms of X. X done today. Start X. Comprehensive pain management plan: Claimant is present for X pain. Based on clinical findings, X EMG stated that X has X. X is also starting to have X pain due to X. After those findings and today's examination, we believe that the claimant would be a good candidate to undergo X to optimize X pain control. X, we will reevaluate and if beneficial we will schedule an additional X to complete the series for pain relief and increased mobility and function. We will also consider X to help evaluate X pain. Due to X having X, we will start X on X. Pros and cons of treatment discussed.

X: Procedure dictated by X, MD. X: procedure administered as described.

X: Office Visit dictated by X, MD. CC: one month follow up with Dr. X. Claimant presented for follow up after procedure and stated that the X gave X <X of pain X. The pain comes back gradually. Today, the claimant reported that the pain is a X in severity with the current medication regimen, located in the X. The pain that is worse is in the X, described as X. The pain is better with X. X has currently done X since last visit with no change. Assessment: chronic X, X. Plan: Refill X. The claimant reported that the procedure did not provide as much relief as desired. We will schedule another X. The claimant has pain in X. X is X and is unable to X. Will start on X. Claimant is otherwise moderately controlled on current X.

X: Procedure dictated by X, MD. Procedure: X.

X: Designated Doctor Examination Data Report dictated by X, DC. Impressions & Recommendations: The claimant is X candidate for X. X is fully aware and understands the negative as well as positive outcome of the procedure, the claimant also appeared to have reasonable expectation of the procedure. Cited X current X, X does present some X, however, X responses were within the normal limits or responses and individual would have while experiencing chronic pain. The therapist educated the claimant on the increased symptoms to watch for and encouraged X to seek immediate help from X provider if X notices any X.

X: Progress Note dictated by X, MD. CC: X follow up, X. The pain is currently located in the X. The pain that is worse is in the X. The pain is better with X. There has been no change. PE: X: extremity exam on X: X: 1. X evidence of X, 2. X evidence X, 3.X, 4. X evidence of decreased X. Assessment: X. Plan: medication: X. Current plan: schedule X

X: UR performed by X, MD. Reason for denial: According to the ODG, a X is recommended for treatment of X when there has been limited response to X care, the patient has had a X clearance that indicates realistic expectations and clearance for this procedure, and there were no X. In this case, the claimant reported pain to the X and the claimant had continued symptoms despite X. The claimant had a X evaluation that indicated the claimant was a suitable candidate for X. The claimant rated the current pain a X and continued X resulting in X. As such, the medical necessity of this request was not established for this claimant. Based on the above documentation, the requested X: X is non-certified. During my peer to peer phone call attempt, I provided the recommendation to non-certify the request.

X: UR performed by X, MD. Reason for denial: According to the evidence-based guidelines, X are recommended only for selected patients for specific conditions and in cases when less invasive procedures X. X are indicated for selected patients with X. There has been limited response to X. A prior request for a X has been non-certified. The review noted there was a lack of examination findings consistent with X. The X examination is also inconsistent with a diagnosis of X. The examination noted positive findings at the "X" but no positive X. There were no physical findings consistent with a diagnosis of X that would overturn the prior determination. As a result, the medical necessity of the request is not established. Therefore, my recommendation is to NON-CERTIFY the appeal for an X

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

The previous adverse determinations are agreed upon. Based on records submitted and evidence-based guidelines, X are recommended only for selected patients for specific conditions and in cases when X. X are indicated for selected patients with X. There has been limited response to X. A prior request for X has been non-certified.

The review noted there was a lack of examination findings consistent with X. The X examination is also inconsistent with a diagnosis of X. The examination noted positive findings at the "X" but no positive X. There were no physical findings consistent with a diagnosis of X that would overturn the prior determination, thus the request is not medically necessary at this time. Therefore, after reviewing the medical records and documentation provided, the request for X is denied.

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
- PRESLEY 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)