

AccuReview

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PATIENT CLINICAL HISTORY [SUMMARY]:

X: Encounter Note dictated by X, DO. CC: X. HPI: X. Immediate pain developed in the X. Claimant reported injury immediately to X. X was given an X for the rest of the evening. When X did not resolve with X. PE: MSK: X noted over X process and there appears to be X. Tender along X. Unable to X. X diminished X. Tenderness to palpation of X. Assessment: X injury X. Plan: Continue work restrictions, refer to X for further evaluation and treatment.

X: Encounter Note dictated by X, MD. CC: X pain. Claimant reported pain to the medial aspect of X. X has been treating X symptoms with a X and has not been able to return to work X. X reported X pain. PE: X: There is a X. There is X. There is X. There is pain with X. This pain is relieved with X. X of the X. X. DME, X. Assessment/Plan: X. X in X weeks.

X: Encounter Note dictated by X, MD. CC: X. Claimant presented after having X. X is also treated with X. X have improved, however, X noted X. The X has X but does not cause significant discomfort currently. X reported X pain. PE: X: there is a X which is X. There is no X. X has full X. Positive X about the X. DME, X. Claimant X in the office today. Assessment/Plan: X. The claimant is improving regarding X; however, noted X. X has exam findings consistent with X. Recommend an X during the day to keep pressure off the X. X in X weeks for reevaluation for X. If continued symptoms, consider X.

X: Encounter Note dictated by X, MD. CC: X. Medications: X. Claimant reported X pain. PE: X: claimant still has X. There is no X noted about the X. X has a positive X about the X test causing X. X has diminished X. X also has diminished sensation to the X. There is no X noted with X. Assessment/Plan: Symptomatic, X. Claimant has failed nonoperative measures to include: a X. Claimant is a X and is unable to

perform X. Because of continued symptoms, X would like to proceed with X for a X.

X: UR performed by X, MD. Reason for denial: The claimant was diagnosed with X. is only recommended X. In this case, there is no evidence of such. Regarding the X, there must be documentation of a positive X study indicating X per ODG guidelines. Also, there must be X months of X. In this case, there is no evidence of such. The clinical documents submitted do not support this request. Therefore, the request for a X is not medically necessary.

X: Resubmitting for Reconsideration dictated by X, MD. Symptomatic, X. Claimant has failed nonoperative measures to include: A X. Claimant is a X and is unable to perform X. Because of continued symptoms, X would like to proceed with surgical intervention for a X. Please reconsider request for X.

X: UR performed by X, MD. Reason for denial: The claimant sustained a work injury on X. The injured worker was diagnosed with X. In this case, the claimant presented with complaint of X. The X was reported to be somewhat X. The claimant also reported X pain. On examination, there is still a X. Diminished sensation to a X. Diminished sensation to X. There is no X noted with X. Prior treatment included the use of X. Peer to peer revealed that the claimant had X weeks of X. There is no X or X. X of the X. AS such, based on the lack of X, the request is not medically necessary.

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

Previous adverse determinations are agreed upon. X is denied. This claimant injured X. X is currently dealing with decreased sensation in the X. X has a positive X. X also has an X. The treating provider has recommended X. The Official Disability Guidelines (ODG) supports X. Surgical candidates should have objective and subjective findings consistent with X. This includes an X study to rule out other forms of X. Imaging studies should also rule out other sources of X pain. The ODG supports X following multiple X. This claimant is not a surgical candidate without an X study to confirm X. X also requires documentation of X response to X. Furthermore, this claimant has not X, which would require X. After reviewing the medical records and documentation provided, the requested surgery is not medically necessary.

Therefore, 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)