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## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X with date of injury to X back of X. X has had a X. From the clinic note X carries the diagnoses of X pain, X pain, X. Per this note and the prior one date X is demonstrating worsening of X chronic X pain as well as X. These had previously been helped by X exercises, but this is not the case now and is to the point that X can X. X has been treated extensively from a X in the years since X surgery and is treated concurrently by X. On exam X demonstrated X with no further exam findings noted. X only recent imaging is an x-ray of X that reportedly showed stable X. X has had prior MRI and CT myelogram of X X demonstrating X with some areas of X, but these are all



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around X years or more old. The current request is for a CT XX of the X.

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

Per ODG references, the requested "X" is not medically necessary.

The patient does seem to have new or worsening symptoms that would warrant more advanced imaging to evaluate the condition however per the ODG guidelines MRI would be the recommended study given that no contraindication to MRI is noted in this patient by the available information and the clinical indication for the study is not one of those specifically listed for CT myelogram by the guidelines. For this reason, the request for a CT XX of the X is not certified.

**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 KNOWLEDGE BASE
- AHCP- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN



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- 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