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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X that was reportedly injured on the job on X with subsequent complaints of X. Claimant was on the back of a X.

X: Pain X. X pain. X. Pain level, X. Decreased X.

X: MRI X- There is diminished X. There appear to be X at this level and there is minimal X. There is X. There is an X above the level of the X. There is moderate to severe X with mass effect on the X. Moderate X is present. There is X. Mild X is present. There is no significant X at the remaining X levels. There is no significant X at the remaining levels. The X is

unremarkable.

X: Physical Therapy Eval. Pain is X. Still has X. X pain is X. States it is difficult to X, states that it is causing pain in X pain. X has gotten worse since injury. States X is no better in the last X weeks even though X is X. X to the X. Physical Exam X- X remains the same. X decreased. X decreased. X decreased. X along the X remained the same. X remained the same. X: Special testing X negative. X normal, no. Unable to do full exam due to pain. X

X: Physical Therapy Eval. Current pain status; X now described as X in the X at its worst described as X with "X" pain up into the X, average X with movement, and X at its best with pain medications and short periods of lying down. X, decreases in X, decreases in X. X noted due to inability to shift weight through the X. Overall assessment: Pt presents with X. X presents with X, decrease in X. X would benefit from skilled X to minimize current impairment and maximize return to work. Plan of care: X Fair prognosis.

X: Physical Therapy Daily Note. Overall pain is about X with pain medication. Reports X. Pt presents with significant soft tissue restriction in the X. Difficulty tolerating X. No change noted post manual therapy. Pt is required to perform X and is currently limited due to being unable to perform X. Continue therapy for reducing impairments and improving X on achieving functional goals.

X: Follow-Up with Dr. X, DO. Pain is X. X pain. X. X pain has remained the same. X remained the same, X. X remained the same. Decreased X, decreased X. X pain throughout the X.

X: Physical Therapy Daily Note. Pt reports no X. Pt presents with severely limited X secondary to pain and during X performed to promote circulation and return to normal function, pain increases to X with minimal movement. Further therapy to improve X in order to ambulate without dysfunction and pain for work. X updated.

X: Office Visit with Dr. X. DX: X. On examination, X. Mild distress due to pain. Positive X, negative on X. X strength with X and X. X reports normal X throughout X which is X. X is normal and X, negative X. Diminished X. X is X. Affect is appropriate. PLAN: Very large X. Options at this point to try to improve X functionality would be; X as the X does have X which I would do X given the fact that the X does X. X will think about the options. Meds-X.

X: UR by X. Rational- The appropriate conservative measures have not been exhausted. Physical therapy and a trial of medications are appropriate prior to consideration of a X.

X: UR by Dr. X. Rational- While the patient does have X on MRI at X, the medical records did not document physical examination findings consistent with the MRI. Objective findings on examination should be present indicating X.

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

AMENDMENT: The previous adverse decision is Upheld. Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The appropriate conservative measures have not been exhausted. Physical therapy and a trial of medications are appropriate prior to consideration of a X. Additionally, while the patient does have X on MRI at X , the medical records did not document physical examination findings consistent with the MRI. Objective findings on examination should be present indicating X. Therefore, the request for X is considered not medically necessary.

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)