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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X. It is documented X was injured on X, when X was X. X sustained a X injury. X underwent an MRI approximately X months after X injury. It is noted X had a X noted in the X.

It is documented X has taken X for pain. X has worn an X. Despite these interventions, X still had pain.

Examination showed X had X. There was X due to pain with X with X. However, there was a good endpoint.

Due to failure of nonoperative treatment, a X with treatment of X as well as X was recommended.

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

According to the Official Disability Guidelines (ODG), it is stated that individuals with X but no significant X can usually be treated nonoperative. Patients with a X that serves as a physical irritation to the X may require X. It goes on to state that X is indicated in the X for X.

In this case, it is documented that X has a X. X has failed reasonable nonoperative treatment including X. Therefore, the proposed X for X would be medically necessary and appropriate per ODG.

With regard to the request for X, according to the ODG, there are very limited indications for diagnostic X due to the increased accuracy of radiologic procedures, such as the MRI X has obtained. It is also documented that there is a relatively poor outcome associated with diagnostic X. There is no specific pathology that is to be addressed with the requested X. Given these findings, the medical evidence does not support that X is necessary.

In summation, according to the information provided, the X would be medically necessary, but the X would not be medically necessary.

Resources:

Therefore, I have determined that the X would be medically necessary, but the X would not be medically necessary for the treatment of the patient's medical condition.

**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)**