

# MEDRx

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A copy of the ODG was not provided by the Carrier/URA for this review.

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

The X note indicates the IW is doing well and that the IW may return to work with a X WP impairment by Dr. X. On X, the IW was evaluated by X, X who opined that the IW should be evaluated for X pain, X. The X note by Dr. X indicates the injured worker X. It relates a X FCE as indicating the IW is at a X and it notes that X was a candidate for WH based upon ODG criteria. A X FCE indicates that the IW is required to perform at a X but is X with several factors of possible nonmaximal effort. The X peer review by Dr. X indicates that the service is denied as a X would be a better fit for this IW. The X peer review by Dr. X indicates that the criteria may be met but that the IW will not be successful due to X.

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

Based upon my review of the medical records, the ODG Criteria for X, and my professional opinion, the request X is not medically necessary per the ODG. Specifically, it does not meet the requirements as follows: X. Based upon these portions of the ODG not being met, the requested X are 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
- AHCPR- 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)