

CASEREVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X when X. Treatment included X.

On X, the claimant presented to X for follow up of X. X had a X on X. X reported being in X pain and X. X continued to experience X of X. X continued with X. Plan:

On X, the claimant presented to X, MD with X. X reported X pain as X. Plan: X.

On X, MRI X: X findings are seen at the X as described with X.

On X, the claimant presented to X, MD with X. X reported X pain as X. Medications included: X. On examination X was limited secondary to pain. There was X. X. X was X. X was grossly intact, except X. Unable to check X. X for X. Unable to X. Plan: X.

On X, Operative Report by X, MD. Postoperative Diagnosis: X. Procedure X.

On X, the claimant presented to X, MD with X relief of the X symptoms following X. There was still pain in X. X rated X pain level a X. Physical exam is same. Continue with X. Start X.

On X, the claimant presented to X, MD with reports that the X was helpful and X wanted to continue with the other 3 planned X.

On X, the claimant presented to X, MD with a pain level of X. It was recorded that X had developed X. On examination X was limited secondary to pain. There was X. X. X was X. X was grossly intact, except X. Unable to check X. X for X. X was X and no X. Plan: Consider X. Refer to Dr. X. Order X MRI. Start X.

On X, the claimant presented to X, XX for XX consultation. X was considered X who was having a X due to X pain X, but was X for X. Recommendations: X is X, X X is sound, and X is X concerning the X procedure. X is X this procedure and to X in X. A X will hopefully provide the patient with a X in pain, which will allow X to increase X activity level, prevent the need for X, and improve X quality of life.

On X, MRI X Impression: 1. No X. 2. No X. No X. No X. 3. Few X 4. Partially X.

On X, the claimant presented to X, MD with a pain level of X. Exam unchanged. Plan: X. Continue X.

On X, X, MD performed a UR. Rationale for Denial: The claimant reported X pain. The examination of the X revealed X was limited X secondary to pain. There is X of X. There was X. The claimant has completed a X evaluation. Per ODG, "X is recommended only for selected patients in cases when X." The claimant has been treated with X. However, there is no documentation of X. There is also do diagnosis of X. As such, medical necessity has not been established.

On X, X, MD performed a UR. Rationale for Denial: On X, the claimant presented to Dr. X with complaints of X. X complied of X. X exam revealed limited X secondary to pain. There was X. X. X for X. The X. X were unable to be checked. There was X. X was unable to X. This request was previously denied as there was no indication X, such as X, and there was no diagnosis of X. While the claimant did have X, there is no indication X has X. Furthermore, additional records regarding the appeal were not provided for review. Therefore, X is not medically necessary.

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

The request for a X is denied. This claimant took a X on X. Following this accident, X has had X pain with X. X has X. The X MRI demonstrated no X. X were noted in the X MRI. A X was recommended.

The Official Disability Guidelines (ODG) recommends X for patients with X.

From my review of the records, the diagnosis for this patient's current complaints is not clearly defined. X MRI studies do not demonstrate X. I am not convinced that X has X. There was no X provided to confirm diagnosis. Therefore, X is not medically necessary at this time.

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)