CASEREVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a X who was injured in X when X. X consisted of a X. X pain returned in X after returning to X. Therefore, X case was re-opened. In a visit with X, MD on X, the claimant was prescribed X.

On X, Operative Report; Postoperative Diagnosis: 1.X. 2. X. Procedure: 1. X 2. X. 3.X. 4.X. 5.X. 6. X.

On X, MRI X: 1. X are seen within the X at the X. 2.X. These are X. No other areas

of X. 3.X. These are most X.

On X, MRI X: 1.X. 2. At X. Moderate to severe X.

On X, CT X: 1.X. No other CT evidence of complications. 2. At X. 3.X. 4.X. 5.X.

On X, the claimant presented to X, DO for X.

On X, the claimant presented to X, DO for follow-up after a X. X reported about X improvement. X would now like to try X. X reported that what bothered X the most was when X. On exam X showed X. No X. Positive modified X sign. Normal X. Normal strength in X. Mild X.   Plan: Try X.

On X, the claimant presented to X, MD reporting no change in symptoms following X. X stated the X did not help X very much, in fact after the X was X for quite a while. X reported that on X, X on X and X sustained a X. X has not been able to go back to X regular job as a X as X would exacerbate all of X symptoms. On exam X X with no problems. X with appreciable X weakness on the X. X has small measure of X. Plan: There appears to be a X. Despite this X, it appears that the patient has gone onto a X today. X now has new pain in X. X has X breakdown from a X. Further evaluation of X will require a CT scan to confirm that X has a X that had previously been X as well as an MRI to evaluate for X compression at the level X. Both were ordered. It is reasonable currently to consider X. X has failed X. X has X that arise from that. Recommendation of X.

On X, X, MD performed a UR.   Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The presented clinical findings in the most recent evaluation could not fully meet the guideline criteria for the requested procedures. Moreover, there was no psychosocial screen with confounding issues addressed. Updated imaging reports should be submitted to assess the current condition of the X. Furthermore, there was limited documentation with regards to the patient's objective response from non-pharmacologic and pharmacologic therapies to confirm the failure of conservative measure. Significant functional limitations were not clearly noted as

well to support the need for surgical intervention. Exceptional factors were not established.

On X, X, DO performed a UR. Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not certified due to lack of appropriate study findings and lack of appropriate physical examination findings.

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

The request for X is medically necessary. This patient underwent X. X currently has X, identified on MRI. X has moderate X at this level. X has difficulty X. X is unable to X. X has completed a set of X, but remains X.

The treating physician identified X. X has recommended extension of the X. It is common to develop X. The standard treatment for this problem is X. Wide X, may be led to X. It may also be appropriate to remove the X in this patient. This patient has X, which X with X imaging studies. X condition will not improve with continued non-operative treatment. The recommended surgery is the accepted treatment for this 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 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)