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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X: Encounter Summary by X, MD. **HPI:** X presents with X pain. The injury occurred at work on X when X was X. X pain immediately after injury. Symptoms occur X. Current treatment includes X. ADL's with limitation. X is having X. Patient notes X had X. **Assessment/Plan:** complex X as current injury, initial encounter. MRI X. X-ray of X. The patient continues to have significant activity limiting X pain with clinical evidence of X. Order MRI, follow up. May benefit from X. Return to work with restrictions.

X: X interpreted by X, MD **Impression:** Severe X. X involves with weight bearing aspect of the X. Mild X.

X: Encounter Summary by X, MD. At this time, we will treat conservatively with a combination of X. Follow up X weeks.

X: Encounter Summary by X, MD. **HPI:** Patient is no better today. Very little relief from X. **Plan:** Patient continues to have X. X has also developed a X. X has activity limiting X pain and has failed X treatment. Patient will likely require X.

X: UR performed by X, MD. **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 indication for several of the request X codes is unclear. With regards to the requested X, there is no X. With regards to X, it appears the MRI did not reveal evidence of a X. The guidelines recommend X months of X treatment prior to X for X. Furthermore, the guidelines note that X offers no added benefit to optimized X. As such, the request is not supported. Addendum: I did receive a call from X, PA. She notes the recent MRI did not reveal a X. She also notes the patient does not have a X, rather X. No exceptional circumstances were provided. There is no change to the determination.

X: UR performed by X, MD. **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. Per evidence-based guidelines, X is recommended for patients with X. In this case, the patient has persistent pain and a X sign was positive. X has been treated with some X. X MRI demonstrates significant X. however, the indication for several of the request X codes is unclear. Also, exhaustion for at least X months of X treatments was not established. With regards to the requested X. With regards to X, the MRI did not reveal evidence of X, thus the request is not supported.

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

The request for X is denied.

This patient injured X at work on X. X completed a course of X. X MRI demonstrates X. There was no evidence of a X. The treating provider has recommended X.

The Official Disability Guidelines (ODG) supports X for patients with documented X on MRI who have completed at least X months of X. X candidates have subjective and objective findings consistent with a X.

The MRI study did not identify a X in this patient. X does not require X. X is typically performed for X.

The proposed X is not medically necessary for this patient.

**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)