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Patient Clinical History (Summary)

X who was injured on X. While working in the X. X was diagnosed with unspecified X.

A physical therapy initial evaluation was performed by X, PT on X. X reported X. X was unable to work secondary to X. X expressed difficulty in X. X stated X had difficulty X. X rated the pain at X. X had X pain in the X. X Score was X and X Questionnaire score was XX. On examination, X had pain after X. X had pain with X. X had X and pain in the X on X. Manual X testing revealed strength of X. X on

The X. There was X along the X, X. X on X was 0 degrees, X was X degrees, X degrees and X degrees. X(X) of the X was X degrees of X. X test, X test, and X test were painful for X.

An MRI of the X dated X demonstrated common X / X or X without X. There were intact common X. There was X or X, no X, no X injury, no X injury, no X. The location of the X was normal which was within the X. There was mild X, which was nonspecific.

The treatment to date included X.

Per a peer review by X, MD dated X, the request for an MRI of the X was not medically necessary. Rationale: "The guidelines note repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant new pathology. This patient has not had any significant changes a repeat MRI is not indicated. Medical necessity not established. Therefore, the requested X is not medically necessary." Per the note, Dr. X also non-certified the request for X X for the X. Rationale: "The note dated X, the perceived improvement was X. The patient stated, definitely seeing improvement. However, the patient stated that it was X. This patient has already completed X sessions and any additional treatment exceeds the recommended X visits over X weeks. Medical necessity not established. Therefore, the requested physical therapy X is not medically necessary."

Per a peer review by X, MD dated X, an appeal for X was not medically necessary. Rationale: "Per ODG, eight visits over the X weeks is recommended for X. The claimant has completed X already. There is nothing in X presentation and clinical features to overturn the scientific guidelines cited below. Therefore, the appeal for X is not medically necessary."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG supports repeat MRI of the X if there is a significant change in symptoms and/or findings suggestive of significant new pathology. The documentation provided indicates that the injured worker has ongoing complaints of X pain and a diagnosis of X. A previous MRI of the X dated X documented evidence of X of the common X. A recent physical therapy evaluation documented ongoing X of the X provocative testing for X. There is a request for a repeat MRI of X. The initial request was denied as there is no documentation of a change in signs or symptoms suggestive of new pathology. Based upon the documentation provided, the independent reviewer would recommend upholding initial denial as there is no documentation of a change in signs or symptoms to support the request for a repeat MRI of X. The request is recommended for noncertification. Given the documentation available, the requested service(s) is considered not medically necessary and upheld.

The ODG supports up to X t visits of physical therapy for the medical management of X. The documentation provided indicates that the injured worker has completed X sessions of physical therapy with ongoing X. There is a request for X additional sessions of X. The initial request was denied as there were no exception factors to support additional physical therapy. The independent reviewer would recommend upholding the original denial as the injured worker has exceeded ODG guidelines, there is no indication of previous therapy was efficacious, and no indication a home exercise program cannot be followed. The request is recommended for noncertification. Given the documentation available, the requested service(s) is considered not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental
- Medicine um knowledgebase AHRQ-Agency for Healthcare
- Research and Quality Guidelines
- DWC-Division of Workers Compensation
- Policies and 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 and

Treatment Guidelines Pressley Reed,

the Medical Disability Advisor

Texas Guidelines for Chiropractic Quality Assurance

and Practice Parameters Texas TACADA Guidelines

TMF Screening Criteria Manual

Peer Reviewed Nationally Accepted Medical **Literature** (Provide a

description)

Other evidence based, scientifically valid, outcome focused guidelines

(Provide a description)