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PATIENT CLINICAL HISTORY [SUMMARY]: X with date of injury X. X was injured when X. On X, X was evaluated by X, MD for a X. X complained of pain in X which would X. The pain was rated as X. The location of pain was in the X. The quality of pain was X. The pain was X. medications alleviated the pain. On examination, X. X was using a X. There was a positive X. X had X. X was noted at the X (severe), X. X was present in the X. X was mildly reduced to X. X was reduced to X degrees and X was reduced to X degrees. X test was positive on the X. It was not possible for X to do full test because of X. X had X management. X from X was X and X. A X screen dated X was positive and consistent for X, X. It was negative and inconsistent for X. Per a psychosocial assessment dated X, X, LPC, NCC opined that X had no longer had X or any other psychological condition at a level which would interfere with X recovery from surgery. Therefore, X was appropriate for X. The treatment to date consisted of medications (X), status X. Per a utilization review determination letter dated X, X, MD non-certified the request for X trial with total X. Rationale: "Per evidence-based guidelines, X are recommended only for selected patients for specific conditions and in cases when less invasive procedures have failed or are contraindicated. The Psychosocial Assessment dated X noted that the patient was psychologically appropriate for a X. X continued to complain of pain in X X, rated as X as X current pain, X at its best, and X at its worst as per latest medicals dated X. X was recommended for a X trial with X. However, the objective clinical findings presented were insufficient to support

the need for the requested X. Moreover, there was no X screen report submitted for review. Evidence of no current substance abuse issues could not be validated in the records. Clarification is needed regarding the request at this time and how it might change the treatment recommendations as well as the patient's clinical outcomes. Exceptional factors could not be identified. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was no urine drug screen report submitted for review." Per a utilization review determination letter dated X, X, MD non-certified the requested service of X. Rationale: "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-X is not recommended. As per guideline, this treatment is currently considered experimental and investigational. While FDA-approved for severe chronic X with X. Although it was documented that the patient X, there were limited medical records submitted for a comparative study to validate the failure of prior treatments. There were no actual notes from X previous physical therapy and chiropractic therapy. I spoke to Dr. X: X at XX EST today. XX noted X has had a good PT and X-XX will send these notes. XX is actually asking for a X, not X it is the same code, so this request was mis-transcribed when sent in, XX believes. Further evaluation after the above; request may be appropriate pending the above."

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

Given the documentation available, the requested service(s) is considered not medically necessary. The Official Disability Guidelines recommends X. A psychological evaluation of X concludes that the patient no longer had X or any other X condition which would interfere with X recovery from X. The evaluation concludes for that reason the patient was appropriate for X. While this is a component of the rationale for a X evaluation, an additional component is to confirm the appropriate goals and expectations that have been established for such a trial. Neither the medical records nor the psychological records establish goals to be utilized assessing the outcome of a trial. Without such established goals, it would not be possible to interpret the results of that trial in order to make a decision regarding implantation. Moreover, a rationale for X is not

apparent.
For these multiple reasons, at this time this request is not medically necessary and should be upheld.

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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL