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PATIENT CLINICAL HISTORY [SUMMARY]:

X: Office Visit dictated by X, MD. CC: X. On X, X was in need to X, but a X way. X decided to X. The next day, X woke up with pain in the X. X visited X PCP who provided X. X continues with pain and X daily life activities increases X level of pain. The claimant presents today for X evaluation. X had a previous work related MVA injury on X. Currently X reports X pains rated X. X continues to have pain and disability due to related injury. X pain is described as X. ROS: X complaints as above. PE: X Exam: AROM X degrees with pain, X degrees with pain, X degrees, X degrees, X degrees, X degrees. The X is X. X positive. Palpitation: there is X at the X. X Exam: X degrees, X degrees, X degrees, X degrees, X degrees, X degrees. The X is restricted as evinced by X test. Assessment: X.

X: Office Visit dictated by X, MD. CC: X pain described as X with a pain level X. X also reports pain level increases with X daily activities of living. PE: Neurological: X:

there is X at the X. X exam: X is restricted and tender. X exam: X is restricted and tender as evidenced by the X test. Assessment: X. Plan: MRI of the X. X in X weeks.
X: MRI of the X dictated by X, MD. Impression: 1. X. 2.X. 3.X. 4.X.
X: MRI of the X dictated by X, MD. Impression: 1.X. 2.X. 3.X.
X: Initial Pain Evaluation dictated by X, DO. CC: X pain. PE: X : X degrees and degrees respectively. Claimant can bring X pain. X in the X were noted. X had maximal tenderness, however at X. X had increased X. X had mild X, with mild decreased X. X: X were X. DX: X associated with work injury. X beginning at X associated with X associated with work injury. Secondary X with X. Prognosis is fair-good. X therapy in the form of X treatment should help hasten X recovery.
X: Peer Clinical Review Report dictated by X, DO. Physical exam findings include decreased painful X, mid-X and that the injured worker was not a X candidate due to the multiple X. There was also documentation that X reportedly provided fair relief but made X drowsy and X at night helped X sleep and the plan to do X to help hasten X recovery. However, X treatment is no longer supported in the guideline criteria based on recent evidence due to serious risks of this procedure in the X region and lack of quality evidence for sustained benefit. Therefore, the request is non-certified.
X: Follow Up Note dictated by X, DO. Claimant continues with moderate-to-severe X pain associated with X as evidence by decreased, decreased X on the X having failed X rehabilitative care all following X work injury. Once again, X has decreased X of motion. X has severe headaches as a result of this X pain. X MRI has been corroborated to find X. X is an excellent candidate for X.
X: UR performed by X, MD. Reason for denial: Per ODG X is not recommended, particulate X should not be used. X should not be used. Within the associated medical file, there is documentation of subjective findings of X pain. The pain is rated as a X. The injured worker reports moderate to severe X pain with X. Objective findings include decreased X. There is a X and decreased X on the X. There is no clear documentation to support this treatment as an outlier to the negative guideline recommendations. Therefore, the request is denied.
X: UR performed by X, MD. Reason for denial: The provider has not provided any new clinical findings or compelling information to justify overturning the prior non-certification. ODG does not support X given the lack of efficacy and potential for adverse reaction. The provider has not provided any compelling information to

justify deviating from guideline recommendations. The provider has not provided enough documentation to demonstrate the presence of X; per the submitted encounter notes, X was decreased in the X only with some X loss. There was no evidence of X at the remaining requested levels. Moreover, X MRI failed to demonstrate X. As such, the medical necessity of this request is not known or understood. The provider has requested this procedure be completed under X. ODG states that excessive sedation should be avoided. The provider has not provided any compelling information to justify deviating from guideline recommendations. Therefore, based on the lack of guideline support and lack of enough documentation to support this request, the request for X utilizing a X is recommended non0certified.

X: Follow Up Note dictated by X, MD. The claimant is eager to go ahead with treatment for X. Unfortunately, the insurer has elected to do a false pain review by a physician neither educated, trained or interventional pain care. The request is not a X. Unfortunately, the doctor sided literature based on X is incidental reports which states that the X region is potentially has serious risks and side effects, but that is not regarding a X approach doctor. Furthermore, the doctor offered no alternative treatment. As a result of this peer review, which is not consistent with the stand of care as supported by the Texas Medical Board which support intervention to eliminate X. This claimant has X pain. X desires to get back to work. However, X is requiring higher doses of X. These are indirect contradiction to the standard of care and the wishes to get people off opioid and nonopioid analgesia. X has practiced by me, is a safe effective procedure at the X approach. The literature that the doctor citing on the ODG is for X. This is a X as practiced by the Board-Certified Fellowship pain specialist. As a result, we are going to have to resubmit this claimant continues to result, we are going to have to resubmit this claimant continues to have moderate X pain, decreased X, X. I would argue that the medication long-term is worse for X overall health, safety and welfare. Furthermore, X is willing to take the risk, benefit ration and proceed with this X to avoid surgery. Certainly, surgery has higher morbidity cost and potential risk than anything we are going to offer. As a result, we are going to resubmit for X. Again, is at the X. Please reconsider this request.

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

Based on the records submitted and peer-reviewed guidelines, this request is non-

certified. ODG does not support X given the lack of efficacy and potential for adverse reaction. The provider has not provided any compelling information to justify deviating from guideline recommendations. The provider has not provided enough documentation to demonstrate the presence of X; per the submitted encounter notes, X was decreased in the X only with some X loss. There was no evidence of X at the remaining requested levels. Moreover, X MRI failed to demonstrate X. As such, the medical necessity of this request is not known or understood. The provider has requested this procedure be completed under X. ODG states that excessive X should be avoided. The provider has not provided any compelling information to justify deviating from guideline recommendations. Therefore, based on the lack of guideline support and lack of enough documentation to support this request, the request for X is not medically necessary and recommended non-certified.

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)