

## **AccuReview**

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### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X: Office Visit dictated by X, DO. CC: X who had a X and continues to have pain symptoms. X continues to have inflammation and pain on the X from the injury. Medication: X. Procedure documentation: X. Preoperative Diagnosis: X, Postoperative Diagnosis: X. Assessment/Plan: 1.X.

X: Office Visit dictated by X, DO. CC: X pain due to injury. Medications: X. Claimant followed up today after X. X stated X relief from the X and X medication regimen. X is functioning much better. X has been able to X more post procedure. X stated the X really help X pain levels. X continues X pain and X is now taking X as well. X stopped using the X as it is not covered as well. X stated X pain is at a X today. X denies any new X. WC continues to deny X with Dr. X. X: injury occurred when X. X has seen several difficulties physicians and Dr. X, Dr. X and Dr. X in X. X stated X is not getting better from X pain symptoms and is using a X today to X into the office. X described pain as an acting pain in X. The pain does X some to the X. This pain is an X pain. X has had what sounds like an X by Dr. X which X stated made

the pain worse. X stated, X was told X needs X so was referred to Dr. X. X stated Dr. X did not perform this procedure. X has subsequently seen Dr. X who stated X is not a X and referred X to Restore FX. X stated X has had an X study, which was negative. Results are not currently present. X was on X, which was helping X sleep and helping X with pain but stated that X WC would not cover that or pay for that. X has had x-rays including X x-rays and an MRI of the X. PE: X. Pain with palpation: X test positive tenderness of the X tests of the X region: tests for X: X test, X pain on the X, and X test positive X test negative, no tenderness of the X, and X test negative X; all test positive for pain on X. Impression X x-ray: instability at X. X. X: mild X in X. No acute abnormality in either X. X: Impression: 1. X. Telephone call to be made to referring physician. 2. Multilevel X with some progression, X unchanged. Partial resolution of X, resolution of mas effect on the descending X. However, there is increased X described in more detail above, with diminished X described in more detail above with increased potential for limitation of respective descending/exiting X. 3. X has diminished; however, it is still present, with other evidence of increasing X at this level, making this level a more likely X potential pain X. Assessment/Plan X. Discussion note: 1. X/pain control reviewed. 2. Hold off on PT for now with X. 3. F/U with Dr. X for X. X needs to have X with Dr. X, but it has so far been denied, If WC will not cover, X would have to address with X regular insurance. 4. ER warnings given. 5. Follow up with WC treating doctor as scheduled. 6. F/U X months. 7. Continue X pain, X per month. We will try to decrease down to X for now as X pain is improved. 8. WC would not cover XX. 9. We will hold off on X at this point. 10. Continue X risks discussed.

X: UR performed by X, MD. Reason for denial: The claimant has continued pain in the X. According to the guidelines, the use of X to treat symptoms of inflammatory X, which was not objectively supported to be present in the medical records provided for review, specifically diagnostic imaging. Also, the last medical records provided for review was from almost X months ago and it stated that the claimant was to undergo a X on the X and was requesting a repeat X. There are no updated medical records provided for review to support the claimant's response to the previous X to warrant the medical necessity of a repeat X.

X: Office Visit dictated by X, DO. CC: X pain. Assessment/Plan: X. Discussion note: 1. X /pain control reviewed. 2. Hold off on PT for now with X. 3. F/U with Dr. X for

X. X needs to have X with Dr. X, but it has so far been denied, If WC will not cover, X would have to address with X regular insurance. 4. ER warnings given. 5. Follow up with WC treating doctor as scheduled. 6. F/U X months. 7. Continue X pain, X per month. X has had to go back up since the injection is weaning off. 8. WC would not cover X. 9. We discussed scheduling X for the claimant's pain symptoms. 10. Continue X pain. X risks discussed.

X: UR performed by X, MD. Reason for denial: As per ODG regarding X, these are recommended on a case-by-case basis for inflammatory X but are not recommended for non-inflammatory X pain. According to the peer, the claimant has "X." There is no evidence of an inflammatory X. The peer stated that the previous X provided approximately X months of significant relief. The peer stated that X usage has increased recently since the X effects have waned. When asked if the previous injection provides functional improvement, the peer replied that the X does not enable the claimant to work but the claimant does report that it is easier to X. The peer stated that this relief allows the claimant to decrease X utilization. According to the peer, the claimant takes X daily and is currently prescribed a quantity of X tabs of X. With the relief provided by the most recent X, the prescription is reduced to X tabs monthly. The peer stated that the claimant has been recommended for X, but they are unable to get approval from the claimant's insurance company for the procedure. When asked if the plan is to continue providing these X in perpetuity in the absence of more definitive care, the peer stated that is indeed the plan. The peer stated that the claimant has previously engaged in several sessions of X and X assumes that the claimant must be engaged in a X but does note that there is no documentation of such and is unable to confirm. Neither compliance with the guidelines nor medical necessity are established with the information provided by the peer. This, the requested appeal X is not medically necessary, and the previous denial is upheld.

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

The adverse determination is upheld and agreed upon. Documentation provided revealed that the claimant has continued pain in the X. According to the ODG guidelines, the use of X to treat symptoms of X, which was not objectively supported to be present in the medical records provided for review, specifically diagnostic imaging. Also, the last medical records provided for review was from almost X

months ago and stated that the claimant was to undergo a X and was requesting a repeat X. There are no updated medical records provided for review to support the claimant's response to the previous X to warrant the medical necessity of a repeat X. Therefore, after reviewing the medical records and documentation provided, the request for X is not medically necessary and is denied.

**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)