

AccuReview

An Independent Review Organization

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PATIENT CLINICAL HISTORY [SUMMARY]:

X: X dictated by X, MD. Impression: 1. X. 2. X. 3.X. 4.X.

X: Office Visit dictated by X, MD. CC: X pain. X: X who presented for evaluation of X after possible work injury on X. X stated that X noticed some pain following this. X reported an episode of some X dated X, and was evaluated x, and stated this has been a X, however, reports the pain is in a X. Reported X. PE: X does show a bit of a X present. It is X with X noted. Pain at the X. Assessment: X pain, X. Plan: Recommend X.

X: Office Visit dictated by X, MD. CC: X pain. Medications: X. PE: X shows a X. X does have a X, pain at the X. Significant pain at the X. X stress that shows X. X intact. X-rays revealed X. MRI reviewed which demonstrated an X present as well as X. X is seen. Assessment: X pain, X. Plan: The X is X. Given X, we certainly would recommend X.

X: UR performed by X, MD. Reason for denial: The ODG recommends X when there are X. The ODG also requires X including X. Based on the clinical documentation, there are X; however, there is no documentation of any X to include X. When noting

the ODG guidelines and in considering the available documentation, X is not medically necessary, recommend non-certify.

X: UR performed by X, MD. Reason for denial: The ODG supports X. The documentation provided indicates that the injured worker complaints of X pain and X. A physical examination of the X documented X. the provider stated that an MRI documented an X. The imaging report was not provided. There is no documented trial and failure of X. The provider has recommended a X. Based on the documentation provided, the ODG would not support the requested X as there is no documentation of the MRI report to confirm an X and there has been no documented trial and failure of X. As such, the request is recommended for noncertification.

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

The previous adverse determinations are upheld and agreed upon. The request for X is denied. This claimant injured X at work in X. X has X pain with a positive X sign. X MRI confirms a X. The treating provider has recommended X. The Official Disability Guidelines (ODG) supports X. X must complete a course of X. This claimant has not completed a course of X. A X is also recommended for this claimant. If X remains X, X can consider X. The recommended surgery is not medically necessary now. Therefore, after reviewing the medical records and documentation provided, the request for X 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)