



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X. X carries the diagnosis of X. X has previously undergone X. Based on the available office notes, the patient continues to have X. There is X. The pain is continuous and rated X. X has undergone X. X is currently treated with X. Physical exam findings showed a X. There was X. X was intact in the X. There was a X. X testing was X. X-rays showed X. There was X. MRI from X showed X. The request currently is for a X.

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

Per ODG references, the requested "X" is medically necessary. Based on the notes, the requested X is to X. This meets one of the criteria for doing a X per the ODG guidelines. The patient's prior X was also instrumented with X. The patient has X and, with the intent to assess X surgical candidacy, the requested X should be approved.

### **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  
KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE  
RESEARCH & QUALITY GUIDELINES



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- DWC- DIVISION OF WORKERS  
COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT  
OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL  
EXPERIENCE AND EXPERTISE IN ACCORDANCE  
WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE  
GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES &  
TREATMENT GUIDELINES
- PRESSLEY 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