

**Icon Medical Solutions, Inc.**  
**518 BRYSON AVE**  
**ATHENS, TX 75751**  
**P 903.590.0994**  
**F 888.663.6614**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X who sustained a work-related injury on X. The claimant X.

X: Progress Note by Dr. X. Physical Exam- X. X. X.

X: X was done this visit. DX: X

X: Office Visit with Dr. X. X. At the X. Best is X. X. Feels better X. There was an improvement in pain overall by X after the X.

X: Office Visit with Dr. X. X. X was done this visit.

X: Office Visit with Dr. X. X. Pt is able to X. Pain at best is X. Pain at worst is X. Pain is X. Pt states X is still X. There are no significant changes on physical exam since X last visit.

X: Office Visit with Dr. X. Able to X. Able to sit X. Pain is now X. Pain is X. Improvement from X

X: Office Visit with Dr. X. Pt has done well with X. Pt had X.

X: Office Visit with Dr. X. Able to X. Able to X. Pain level now X. Pain at worst is X and best is X. X pain. X comes and goes, X is constant. X helps. Made slow but steady progress. Last session is X.

X: Office Visit by Dr. X. Able to X. Able to X. Pain level now X. Worst is X. Best is X. Constant pain in the X. Nothing X pain. X pain after X. X not noted. X is good. X pain on X. Pain in X.

X: This is a X that has done very well after X. X has had an X. We will obtain that X report and I will d/c patient back to the treating doctor. X is normal. We will see the Pt back as needed.

X: Recheck with Dr. X. Pt is still X. On Examination: X is good. X are decreased by about X degrees. X has X. X has successfully completed a X. Treatment Plan: another X. No current medications documented. Prior treatments include X.

X: Progress Note by Dr. X. Pt had a X. This had been denied despite meeting ODG. Pt will have this appealed. F/U 1 month.

X: UR by Dr. X. Rationale- Evidence of a formal plan of additional evidence-based X was not presented in the records provided. There were no additional medical reports submitted to overturn the previous denial of the request.

X: UR by Dr. X. Rationale- The duration of effect after the first procedure for greater than X weeks at greater than or equal to X percent relief was not identified. There was still no clear documentation of improvement in X score, X, and documented improvement in function to support the need for a X. Furthermore, a X was not presented in the most recent medical report dated X, with quantified measures of objective findings and the current pain rating, to determine the current condition of the patient that would warrant the request. Also, there was still no evidence of a formal plan of additional evidence-based X in addition to X. Therefore, the request is denied.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The previous adverse decision is Upheld. Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The duration of effect after the first procedure for greater than X weeks at greater than or equal to X percent relief was not identified. There was still no clear documentation of

improvement in X score, X, and documented improvement in function to support the need for a X. Furthermore, a X assessment was not presented in the most recent medical report dated X, with quantified measures of objective findings and the current pain rating, to determine the current condition of the patient that would warrant the request. Also, there was still no evidence of a formal plan of additional evidence-based X. Therefore, the request for X is considered not medically necessary.

**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)