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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X that sustained work related injuries on X. The claimant states that X. Claimant sustained injuries to the X. Claimant present to X and was treated for X injury and released to follow-up with X doctor. Claimant was sent to company doctor that recommended X. Claimant has seen X.

X: DDE by Dr. X- Claimant mechanism of injury, imaging and treatment were reviewed. Complaint of X. Claimant reports X. Symptoms were X. Examination revealed X. There was X. X was noted over the X. There was decreased X. X reflexes were X. X was X. X was diminished in all X. The claimant was assessed with a X. The injury did not extend to include X. The claimant was placed at X.

X: Designated Doctor Examination Data Report. Additional Claimed Diagnosis or Condition-1. X. 2.X. 3.X. 4. X

X: MRI X. Impression- 1. At X there is an X. This X. 2. At X, there is a X. This X. 3. At X, there are X. There is uncovering of the X. There are also X. There is moderate X.

X: X Eval. X, severe range. X, severe range. X Score-X. X. I appears claimant has developed X in response to X work-related injury and X pain. These symptoms appear clinically significant in that they are impairing X.

X: Chart Notes by Dr. X. Patient is having increased X due to X. X. Pt had X during examination. X secondary to pain. Movement is X. Moderate X to X to X. X and X was X. X on X; X on X at X degrees. X; Test, X Test, X Test all positive for X. X and X. XX, all X. Pt prescribed X pack by Dr. X. Continue with X. Request X as part of X. Pt referred to Dr. X. Pt will work on X as

documented on the DWC-73.

X: Progress Note by Dr. X. Pt presents with c/o continuous X pain that X. Pt states X pain is now X. Pt states X did not derive significant benefit from previously prescribed X. X: X- pain elicited by X. X. X:X. X reflexes: X DTRs: X. Based on Pt's physical exam findings today along with review of X MRI report, I think Pt is a reasonable candidate for X. Pt is currently prescribed X. As such, no medications will be prescribed. X weeks post procedure.

X: UR by Dr. X. Rationale- In light of this presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request is not medically necessary as the objective response from all indicated X prior to the consideration of the request could not fully be established. Exceptional factors could not be identified. The presented signs and symptoms were insufficient to establish the presence of X and support the request at this time.

X: UR by Dr. X. Rationale- It was noted that the Pt had prior X, but actual reports were not submitted to fully validate exhaustion or if the patient was unresponsive to X. Furthermore, ongoing X to be used as an adjunct to the X requested was not addressed.

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 objective response from all indicated X prior to the consideration of the request could not fully be established. Exceptional factors could not be identified. The presented signs and symptoms were insufficient to establish the presence of X and support the request at this time. 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 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
- X, 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)