



Specialty Independent Review Organization

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient is a X who sustained an industrial injury on X. The mechanism of injury was described as X. A review of records indicated the patient was being treated for X. X had included X. The X x-ray report documented a X. The X MRI impression documented X. There were X. This finding was seen just beneath the X was recommended. The X occupational medicine report cited complaints of X. X denied any X. X had done X visits of X with no long-term improvement. X was not working as there was no light duty available. X took the X which helped some, but when X finished the X. X had x-rays with X, and MRI with X. X had an X. X exam documented X. The diagnosis included X. The treatment plan recommended referral to an X as X was not improving with X. Work restrictions were outlined. The X check list and handwritten note indicated that the injured worker complained of X. The diagnosis was documented as X. X was requested to include X. The X utilization review letter indicated that the request for X was denied. The rationale stated that there were insufficient subjective, objective, and imaging findings documented that were X. The request for a X was denied as the X was not medically necessary. On X, an appeal request was submitted for the X with no new documentation. The X utilization review letter indicated that the appeal of the denial of the request for X with assist was upheld. The rationale stated that there was no documentation that the patient had X.

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

The Official Disability Guidelines recommend X. Indications for X include X including X. Pain alone is not an indication for surgery. Criteria include instability of the X described as "X", significant effusion at the time of injury, or description of injury indicates X. Objective clinical criteria include findings of X. Imaging clinical findings are generally required to include X on MRI, X. The Official Disability Guidelines generally recommend a X.

This patient presents with X. Functional limitations are noted in activities of X. Clinical exam findings have not documented any X testing and have included X. There is imaging evidence consistent with an X. X has reportedly X. Under consideration is a request for X. Evidence based medical guideline criteria have not been met. Guidelines state that pain alone is not an indication for X. There have been X. There is no clear imaging evidence of X on MRI. There is no specific indication provided in the orthopedic records available to support the requested X. There is no X noted to support the medical necessity of this request as an exception to guidelines. Therefore, this request for X is not medically necessary. As the X request is not supported, the request for a X is also 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 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 (PROVIDE A  
DESCRIPTION)**