

# MEDRx

530 N. Crockett #1770 Granbury, Texas 76048  
Ph 972-825-7231 Fax 972-274-9022

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X who sustained an injury on X. The mechanism of injury was not documented in the medical reports submitted with this request. The patient is X. The patient was diagnosed with a X. Prior treatment included X. The patient was able to get X. According to note dated X, the patient complained of X. The pain X. The quality of the pain was described as X. The pain was rated as X. Additionally, the current X. However, unable to obtain X. On X examination, the patient had a X. On examination of the X. The X test was X on the X. There was no objective interpretation of the magnetic resonance imaging (MRI) of the X in the medical report submitted. The treatment plan included X or other indicated procedures. The provider prescribed X.

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

The request for X is not medically necessary. The Official Disability Guidelines concerning X are as follows:

Treatment for Worker's Compensation, Online Edition

Chapter: X

**Criteria for the use of X:**

*Note: The purpose of X.*

**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
- AHCPR- 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)