

MEDRx

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PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who sustained an industrial injury on X. The mechanism of injury was described as X. Past medical history was X. The X report cited complaints of X. Pain was X. Pain increased with X. X had had X. X exam documented X. X exam was within X. X-rays were reviewed and showed X. The diagnosis was X. The treatment plan included X. X were ordered. X was released to work on X. The X documented X showed X. There was X. There was a X. There was X. Findings documented a X. The X report cited complaints of X. Pain was worse with X. Pain increased with X. X exam documented X. X exam was within X. The diagnosis included X. The treatment plan included X. X was recommended to include X. The X utilization review non-certified the request for X. The rationale stated that details regarding X were not submitted for review, and there was no evidence that the patient had X. Additionally, a X was not visible on MRI. The X utilization review non-certified the appeal request for X. The rationale stated that there was no significant evidence that the patient had undergone X. It was stated that if one or more of the criteria was not supported, then the X was not warranted.

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

The prospective request for X is not medically necessary. The denial is upheld.

The Official Disability Guidelines criteria for X.

The Official Disability Guidelines for X. Criteria include a minimum of X.

This patient presents with X. Functional limitations preclude return to X. Clinical exam findings are consistent with imaging evidence of a complex X. X has X. Under consideration is a request for X. Guideline criteria have been met for X. There is evidence of X. Clinical exam findings have documented X test and X. There is imaging evidence of a complex X. Records have documented X. However, guideline criteria have not been fully met for X. There is no detailed evidence that X. Additionally, the surgeon did not discuss the indications or medical necessity of X in the submitted medical records. Therefore, the total request for X would not be considered medically necessary at this time.

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 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**
- 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)**