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PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a X. MRI was completed on X and showed X. Treatment has included X.

X: Office Visit by X, MD: The patient complained of X. The patient was able to X. X was X. Pain level was X. X described the pain as X. The pain X. The pain was made X. X reported X. The patient was X. On physical exam, there was X. There was X. There was X noted. There was X. Per treatment plan, X. Diagnostic X was also requested.

X: UR performed by X, MD: Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines reference below, this request is not medically necessary. Considering these presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X is not medically necessary as assessment of the X should be comprehensively presented including the specific X.

X: UR performed by X, MD: Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines reference below, this request is non-certified. Guidelines stated that there should be an X. Reviewed medicals had documented evidence of X.

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

Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines reference below, this request is not medically necessary. Considering these presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X is not medically necessary. ODG states that there should be an absence of X. Per the last physical exam by Dr. X, there was X. There was X. X. There was also X noted. Therefore, as there were X present, this request is non-certified.

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)