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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X with a date of injury of X.

X: Office visit by X, MD

X: MRI X. Demonstrated no significant X, however, exam was markedly limited due to patient X.

X: EMG of X. Demonstrated a X. There was no X.

X: UR performed by X, MD. Rationale for denial: Based on the medical records, the request for X is not warranted. The claimant does not meet the criteria for X. The claimant has completed the X, has complaints of X.

X: Letter by X, MD. Claimant reported X. X was currently off work and was not taking pain medication. Therapy was noted to have no effect on X symptoms. Exam revealed X. X exam were normal.

X: UR performed by X, MD. Rationale for denial: Based on the review of the medical records, the request is not supported. Although this claimant has complaints of X. The request for X is non-certified.

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

The request for X is denied.

The patient is a X who was injured at work in X. A X. Since then, X has had X. X has a X, but X. X completed a X.

X is recommended for patients with X. Surgical candidates have X.

This patient's EMG/NC study is normal. X has X. X has X.

The request for X is found to be 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 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)