Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. X examined the patient on X. X was injured on X when X. The X pain was X but worsened after a X on X. X had daily X. X had a X. X also complained of X. X also reported X. X reported that X. X was significant for X. X had X. The X were intact, and X. X held X and X. X was X in the X. X were X and X exam was intact, except for the X. X was X. X was X, but X were X. X was X on the X. X-rays revealed X. The X was intact. X x-rays from X showed X. The need for proper body mechanics was discussed and X was advised to maintain X, although it was not specified. A X was again recommended, as well as X MRIs. A X MRI on X noted a X. The X had adequate capacity in the X. The patient returned to Dr. X on X and X exam was essentially unchanged, except now there was X. X were recommended. On X, it was noted a X MRI showed a X. X were recommended, as well as a X. On X, X provided an adverse determination for the requested X. On X, the patient continued with frequent X. X exam was unchanged. The assessments were now X, X. The X were again recommended, as well as X. On X, X provided another adverse determination for the requested X. The patient's complaints, exam, and recommendations were unchanged as of X. The last note from Dr. X office was dated X. X complaints were unchanged, but X now noted X had X. X still had X. X was X. There was X. X remained X. The X were again recommended.

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

The patient is a X and the physician's assistant noted that the patient had a X. X reported that the date of injury was X and the mechanism of injury was X. It was then documented that the patient was involved in a X. Again, there are no further specific details regarding this accident, and it should be noted both injuries were X. There is no explanation of how the patient's current X complaints were related to the compensable injury. In fact, the physician's assistant reported this as a X in X note. The past surgical history was significant for a 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
- 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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)