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PATIENT CLINICAL HISTORY [SUMMARY]:

X examined the patient on X. X was X. Electrodiagnostic studies from X were noted to be X. X had pain around the X. X continued to X. X had a significant past medical history and had had X. X used X daily and had for X years. X was X inches X. X had some X. X discussed with the patient that X would like always have pain in the X. On X, a utilization review request was submitted for X. Another preauthorization request was submitted on X and again on X, as it was stated the original request was not received. On X, another adverse determination was submitted for the requested X. On X, another request was submitted for the X. Another adverse determination was provided on X.

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

The patient is a X with a history of work-related injury on X. The medical documentation submitted for review is minimal; therefore, specific details regarding the injury or subsequent treatment are X. This current request, however, would be for the X. The initial procedure was a X performed on X. This was followed by revision procedures on X. The details and specifics regarding these revision procedures are X; however, it should be noted that the past medical history is significant for the patient's use of X. The physical examination on X from X noted only X. It was reported that X. X sites were noted to be X. X, M.D., an orthopedic surgeon, non-certified the request on initial review X. The requested procedure was then reviewed by X, M.D., an

orthopedic surgeon, on X and X, M.D. on X. X attempted a peer-to-peer without success and cited the evidence-based Official Disability Guidelines (ODG) as the basis of X opinions.

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)