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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X was X. The diagnoses were X. On X, X had a follow-up visit with X, MD. It was noted that X was X. X did not help. X had X pain and could not X. X would have give way episodes. On examination, the X was X. There was moderately X. X. X sign was X. X at the time was X. There was X. X had X. X test was X. X of the X. Dr. X indicated X had X. A repeat X was indicated. A X dated X identified possible X. Treatment to date included X. Per a Utilization Review Adverse Determination report dated X, the request for X was denied. Rationale: "The ODG supports a X when there has been an insufficient treatment response to X. The ODG surgical management of a X when there is president of X. The available view documentation indicates that the injured worker previously underwent X they report X pain and an X. The treatment has included X. On examination, there is X°. The MRI is consistent with a X. As there is no document, it is not clear why X are requested as procedure codes. When noting the insufficient treatment response to X. When considering the ODG and available information, a X is medically necessary; however, X are not medically necessary. However, as I was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time." A Reconsideration Adverse Determination report dated X indicated that the reconsideration request for X for X was denied. Rationale: "The records submitted for review would not support the requested procedures as reasonable or necessary. The claimant had a prior history of a X. The claimant was subsequently placed at MMI in X according to X report on X. The X study documented X. No recurrent X were identified. There was evidence of a X. Given these issues which do not meet guideline recommendations, this reviewer cannot recommend certification for the request."

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

The claimant continued to have X following a X performed in X. The X. The study did not identify any X. The MR X. At this point, the potential benefits from X vs. the risks of X is not clearly established.

The prior denials are upheld. Therefore, the request is not medically necessary, and the decision is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES