

AccuReview

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PATIENT CLINICAL HISTORY [SUMMARY]:

X: Initial Pain Evaluation dictated by X, DO. The claimant is a X with complaints of X. Otherwise claimant is in X. X recovered from X. Since that time, X has had X. X admitted to X. The claimant denies X. X, however, are moderately, provoking. X: DM, X. Meds: X. PSH: X. SH: X. ROS: aggravating factors include X. PE: moderate X due to chief complaint. X. X: moderate X. DX: 1.X. 2.X. 3.X. Claimant prognosis is X. X therapy in the form of X should be effectively beneficial in reducing this gentleman's pain allowing X to be more functional and more active, eliminate the X. X is X. X is X. The combination of X.

X: Physician Review Recommendation Prepared for X dictated by X, MD. The ODG detail in the criteria for X that, "X must be documented with objective findings on examination and corroboration with imaging and/or electrodiagnostic testing. Additionally, notes indicate the claimant should be initially X." However, the documentation submitted for review does not support the request. While notes indicated that recent examination of the claimant noted a X. Additionally, there was a lack of documentation indicating that the claimant had undergone recent imaging or electrodiagnostic testing with findings supportive of the objective clinical examination of the claimant. Given the above, the request for a X is non-certified.

X: Follow-Up Note dictated by X, DO. CC: X. Well over X, X received X. X felt over the last X weather changes increased activity, X has recurred. This is consistent with X per WC. Claimant complained of X. X approach at the X for the claimant has had X. X is requesting to X as soon as possible. X has X due to X. Will add X at X to X medication regimen. Online X assessment showed improved affect X on X CESD increased recently X stated as X is worried about the longstanding future of X was also reached as a subject matter today, but reported the X helped X well over X years ago. X reflecting X. X shows X.

X: Follow-Up Note dictated by X, DO. CC: moderate to X. Requested to go ahead with X which helped in the X. X is requiring ongoing X which is an incomplete contradiction to X which specifically states patients do treatment which either X. Reported over X pain relief over a year ago with improved function and decreased medications in order to justify X. Due to X. Walking with X. X has exhausted X. Needs to be off the X. X assessment X.

X: Follow-Up Note dictated by X, DO. CC: X. X medicines have stabilized. Denied for requested treatment, and as a result X is left with oral medications for X. Medications: X. X affect is stabilized and feels X is getting along fine.

X: Follow-Up Note dictated by X, DO. Claimant continued well with oral medications which allowed X to be X. Requested X. X walks with an X. Noted X. This pain is reported same as before that was relieved by previous X. Request continues to be denied. The claimant does not have to have X.

X: Medical Review at MRI dictated by X, MD. The claimant has X. It is noted the injured worker had a prior X, but X is documented. Furthermore, it is unclear whether there has been a recent trial of X. This recommendation is consistent with ODG; therefore, guidelines do not recommend procedure X. The request is not medically necessary.

X: Follow-Up Note at X dictated by X, DO. Claimant has resolved X. We have recommended X. Claimant continues to have X. X has been efficacious in the past. X has X. X has X. X had X. X is having to take more X. Additionally, X takes X, which is also a X. Pain X on this drug regimen. Recommend X.

X: UR performed by X, DO. Reason for denial: This is non-authorized. The request for a X is not medically necessary. There is no diagnostic MRI or other study to verify pathology to support doing the requested X. Therefore, the request is not medically necessary.

X: Follow-Up Note dictated by X, DO. Claimant has X. We are waiting on approval for X associated with X. Unfortunately, without approval of X, the claimant

continues to suffer pain. X affect has improved considerably. X.

X: UR performed by X, MD. Reason for denial: The claimant has complaints of X. The provider is requesting a X. There is no attached official MRI report verifying X via imaging to consider this request. Hence, this request is not medically necessary.

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

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The claimant has complaints of X. The provider is requesting a X. However, there is no attached official MRI report verifying X via imaging to consider this request, which is required according to ODG criteria. Therefore, this request is not medically necessary. Furthermore, after reviewing the medical records and documentation provided, the request for X is non-certified; denied.

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)