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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X. Claimants mechanism of injury was detailed as X. The current diagnoses were listed as X.

X: MRI X. Impression- 1.X. X. 2.X.

X. Clinical Encounter Summary. X pain radiates X. X appearing, X, X. Normal X. X: X nontender and X nontender. No obvious X. X. X. X. X. Current Medication: X. Refer X. Candidate for X.

X: UR by Dr. X. Rationale- ODG requires X. There is X. There were no X studies X. A X screening was not provided, which could affect surgical outcomes. Non-certified.

X: UR by Dr. X. Rationale- Case was previously denied due to lack of documentation. ODG recommends X when there are subjective and objective clinical findings indicating X with associated X, which has been confirmed by imaging after X. Documentation provided did not clearly indicate that the patient had met all guideline recommendations including use of X. I spoke with the treating physician who reported the Pt completed X. It was stated that additional records would be sent over. However, the additional documentation has not been received. Non-certified.

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

The previous adverse decision is Upheld. The claimant injured X. X has completed a course of X. X was discussed, but not completed. The treating physician recommended a X. The Official Disability Guidelines (ODG) supports X in patients with X. X that correlates with a specific X. This patient

is not a surgical candidate. It is unclear why this patient has X. Furthermore, X has X on examination. X testing is recommended to confirm the pain generator. Based on this study, X may benefit from an X before considering X. Therefore, the request for X is not medically necessary based on the records reviewed.

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)