



Specialty Independent Review Organization

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient is a X who sustained an industrial injury on X. The mechanism of injury was described as a X. Past medical history was X. X had included activity X. The X MRI impression documented X. There was a X. There was attenuation of the X. There was X. The X orthopedic report cited complaints of X. X denied any issues with X. X had an X. X had been working on a X for X with X. X exam documented X. X had X testing. X was X testing. X did not do a X testing. MRI was reviewed and showed a X. X also had X. The diagnosis was X. This patient had a X. The treatment plan recommended X. The X utilization review non-certified the request for X. The rationale stated that the MRI noted X. The X utilization review non-certified the appeal request for X. The rationale stated that there was X. The X orthopedic appeal letter indicated that the injured worker presented X. X did not have any X. X had initiated X with X prior to initial orthopedic exam. X MRI was reviewed and showed an X. There was no evidence of X contrary to the official MRI reading. There was also X. There was also evidence of X. After interviewing and examining the patient, X was recommended given the X. X was subsequently denied because of X. The patient was examined on X. X had made no progress with X. X had X pain and X. X had X testing. X did not have any X. The official MRI findings were disputed stating there was X. There was X. Reconsideration was requested for X.

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

The Official Disability Guidelines criteria for X. Criteria for objective clinical findings include X testing. There might be X. Criteria for imaging clinical findings includes evidence of X. X is not discussed as a criterion in the setting of a X.

The Official Disability Guidelines criteria for X.

This injured worker presents with X. Clinical exam findings are consistent with imaging evidence of a X. There is no evidence of significant X noted on the MRI report. Detailed evidence of at least X weeks of a X. Under consideration is a request for X. Guideline criteria have been met to support proceeding with the X based on the documented subjective and objective clinical findings, X. Guideline criteria have been met to support X. Additionally, X. Therefore, this request is medically necessary.

**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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- 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)