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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X with a remote work injury occurring at the age of X with date of injury on X.

X injury occurred while working as a X. A couple of days later, X was unable to X.

An MRI scan of the X on X included findings of a X. At X there was a X. The scan was compared with a prior MRI in X.

Electrodiagnostic testing was done on X showing findings of X.

Treatments have included a X. On X, X underwent an X. On X, X was 2 weeks status X. X reported some improvement in X symptoms. There had been an X. The numbness in X had improved with X. The treatment plan included continuing X.

Electrodiagnostic testing was done on X included findings of X. There was no evidence of an X. The report recommended a referral back to an interventional specialist for an X as there had been an excellent response nearly X years before.

X was seen on X. X history of injury and treatment was reviewed. X had a chief complaint related to X. X also had complaints of pain and X. X had symptoms rated at X. X has been unable to continue working after a worsening of symptoms in X. X original symptoms were much improved after the X. X was currently taking X. Physical examination findings included X. X was able to X. X was able to X. X had X. There were X. There was X. There was no evidence of X. The treatment plan included an MRI scan of the X.

An MRI scan of the X was done on X with a clinical history of X. There were findings of X.

On X, the MRI result was reviewed. Complaints appear unchanged. X pain was rated at X. The MRI results were discussed. A X was recommended which X was to consider.

X was seen on X. X had X pain. X current medications included X. Physical examination findings included a X. X had X. There was a diagnosis of X. X was continued. X was referred for a X.

X was seen for an initial evaluation on X. X had X pain rated at X. X pain was X. Associated symptoms included X. X was having X. Aggravating activities included X. X prior treatments had included X.

Physical examination findings included a body mass index of X. X had X. There was a normal examination of X. X testing was negative. X were X. Imaging results were reviewed. The treatment plan included a X.

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

ODG criteria for the use of a X include X pain, defined as pain in X documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

In this case, there are no physical examination findings, such as X.

There is also no adequate documentation in terms of the X done in X.

Therefore, I have determined the requested authorization for X is not medically necessary for treatment of the patient's medical condition.

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 KNOWLEDGBASE
- 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)