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PATIENT CLINICAL HISTORY [SUMMARY]:

X: Office Visit by X, MD. The patient presents with symptoms of X. X was doing X. Assessment: X. Refer to ER for CT scan.

X: Clinical Summary by X, MD. Assessment: 1.X. 2.X. 3.X. 4.X. Plan: 1. Start X. 2. Start X. 3. Start X. 4. X Referral. 5. X-ray X.

X: Initial Evaluation by X, PT. Recommendation of X.

X: Initial Evaluation by X, MD. X x-rays were X. X x-rays were X. Recommendations: X, take X.

X: Follow-Up Evaluation by X, MD. Overall X symptoms have remained the same. Patient reports a pain level of X. X remained the same. X pain has remained the same. X Exam: Full X. X along the X. X remained the same. Recommendations: Continue X.

X: Follow-Up Evaluation by X, MD. Prescribed X. X MRI denied.

X: Follow-Up Evaluation by X, MD. Prescribed X. Continue X. Referral to X.

X: Re-Evaluation by X, X. Recommendation of X.

X: Office Visit by X, MD. Chief Complaint: Aching pain in X. On scale of 0-10, X reports an X. Increasing factors are X. Decreasing factors are X. Exam: X reveal completely X. The X is X. X and X at the X. Negative X, positive on the X. Plan: X MRIs ordered.

X: MRI X. Impression: 1. No X. 2. X as discussed, without X. Findings: At X. At X.

There is X.

X: Office Visit by X, MD. According to this report, MRI X revealed a X. Plan: We will refer X for X.

X: Follow-Up Evaluation by X, MD. Recommendations: Continue X.

X: Office Visit by X, MD. Exam: X. Positive X. Abnormal X. Decrease X. Normal X. Read X MRI: X. Assessments: 1.X. 2.X. Plan: Recommend X. Recommend EMG.

X: Follow-Up Evaluation by X, MD. Discontinue X. Medication: X.

X: Office Visit by X, MD. Patient presents with X. Reports a pain scale of X. Patient describes pain as X. Exam: X limited in X secondary to pain. X to middle and X. X antalgic. X and decreased sensation on the X. Plan: referred to X. Start X. X ordered.

X: Office Visit by X, MD. The patient complains of X. The pain X. MRI X positive for X. Able to X. Able to X. Able to X. Pain level now X. Treatment includes X. Exam: X was X. X diminished in the X. X positive X. X in the X. Diagnosis: X. Plan: X at X.

X: UR performed by X, MD. Rationale for Denial: Based on the clinical information provided, the request for X is not recommended as medically necessary. Office visit note dated X indicates that treatments tried including X. The pain is made better by nothing. There is X documented on MRI. Therefore, medical necessity is not established in accordance with current evidence-based

X: UR performed by X, DO. Rationale for Denial: In this case, there is no evidence of X. There are no studies confirming a X. The note also states that the claimant's previous treatment included X. Nothing makes the pain better. There is no information as to what level the claimant had X at, when they were done. It does state that the claimant had no benefit from them. Therefore, the request for Reconsideration for X, 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. In this case, there is no evidence of X. There are no studies confirming a X. The note also states that the claimant's previous treatment included X. There is no information as to what level the claimant had X or when they were done. It does state that the claimant had no benefit from them. Therefore, the request for Reconsideration for X is not 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 IN
- 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)