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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X: Reevaluation and Electrodiagnostic Testing by X, MD: Overall Impression: X studies. Electrodiagnostic evidence X.

X: Procedure Note by X, MD: Procedure: 1.X. 2. Use of X. 3. Administration of X.

X: MRI X: Impression: 1. There is X. There is X. 2. X changes are seen at X. No X is seen. 3. X are seen in the X, most prominent at X.

X: Treatment Planning Physical Evaluation by X, OTR. Assessment/Plan: At this time, it does appear that X has some X. Because of this, it is believed that X could benefit from a X.

X: Follow-Up Note by X, MD. Overall X is still having pain in X. The pain can X. X can have X. X has X at times in the X. The X Dr. X has been trying to get authorized continues to be denied by the insurance carrier. At this point, we are going to give X to see if we can help improve X symptoms.

X: Physical Activities Progress Note: S: The patient reports a pain level of a X out of X in the following work-related injured areas: X. P: Discharge from X. No further X is recommended at this time.

X: Follow-Up Note by X, MD. X states overall, X is doing better on today's visit. X pain level today is about a X. X takes the medications daily. Today X. The pain can X. X job does allow X to X. X tries to X. X Exam: X intact. X was X. Assessment: 1.X. 2.X. 3.X. 4. X. Recommendations: 1. Continue X. 2. Given X. 3. Continue X.

X: Follow-Up Note by X, MD. X states X has X. X is having X. X has X. X rates X pain level today about a X. X had to X due to increased pain symptoms. X states the medications provide some benefit but still X has been having more pain

symptoms. In the past, X MRI had shown the previous X. There was a X. X had been recommended but the carrier denied it. X has had some X. At this point, we'll look at seeing if we can get approval for X.

X: Initial Pain Evaluation by X, DO: The patient is a X. Examination: X had significant X. Moderate X was noted. X had X. X did have some X. X was X. X had a X. Discussion: First, medical management will be imposed including X. This should cut down on X. Additionally, I am going to begin X on X, which will help with the X. The mainstay of care which X is interested in will include, X. X reserve for X pain.

X: Follow-Up Note by X, DO. This patient is currently now on X. We are going to raise X. Due to X, is being recommended. X procedures prior to the X. X has a X. X has X.

X: UR performed by X, MD: Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This X. The reported condition is considered X. Present medication include but are not limited to X. Relevant findings from the physical exam include the following: X: X is X: diminished X. A Magnetic Resonance Imaging (MRI) of the X on X documented the following: X were seen at X. A X was performed on X. A X was performed. A request for X was made. X, including X, are not recommended for X. The purpose of X is to X. X should require documentation that previous X produced a minimum of X percent pain relief and improved function for at least X weeks. The request is non-certified for the following reasons: X did not produce a minimum of X percent pain relief and improved function for at least X weeks; the medical reports were limited to verify and establish a comparison of pain and function response from the X.

X: UR performed by X, MD: Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines reference above, this request is not medically necessary. Considering this presenting issue and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X is not medically necessary as there was limited evidence of significant X on the

most recent examination to support this request.

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

Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines reference above, this request is not medically necessary. Considering this presenting issue and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X is not medically necessary as there was limited evidence of significant X on the most recent examination to support this request. Therefore, this request is non-certified.

**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)