



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone:
877-738-4391 Fax: 877-738-4395

PATIENT CLINICAL HISTORY [SUMMARY]:

A X MRI dated X revealed a X. There was X. There was X. There was a X. There was X. There was X. There was X noted. Dr. X evaluated the patient at X on X. It was noted X was X. The assessment was a X. X pain level in the X. The active problems were listed as a X. X had a X. In the X, there was a X. X was X-X degrees with pain at X. There was pain with X at X and X degrees. There was increased X. A preauthorization request was then submitted for X. On X, X provided an adverse determination for the requested X. The patient followed-up with Dr. X on X and was noted to be worse that day. X had X for over X. X was X. X exam findings were unchanged from X. On X, another preauthorization request was submitted for a X, which Travelers provided another adverse determination for on X. Dr. X followed-up with the patient on X. It was again noted X was doing worse and had X. X had a X. X was X-X degrees with pain with X. X had increased X.

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

The patient is a X with reported X. An MRI scan of the X reportedly demonstrated a X. There was also noted to be a X. There was X. The records reviewed did not document any use of a X. The physical examination of Dr. X is inconsistent with the reported MRI findings. The note on X reported the X. The request

was non-certified on initial review by X, M.D., a X. X non-certification was upheld on reconsideration/appeal by X, M.D., a X. Both reviewers attempted a peer-to-peer review without success. Their opinions were based upon the criteria as outlined by the evidence-based Official Disability Guidelines (ODG). The ODG notes that X is not recommended for X. While the X is the most frequently injured X, X are almost always treated without X. X is only recommended as indicated below:

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

X 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)