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PATIENT CLINICAL HISTORY [SUMMARY]:

X, M.D. examined the patient on X for X date of injury. X noted that X. X reported a X. X had X. X was X. X was X and the assessments were X. X was recommended. X-rays that day showed X. There was X. A X MRI was obtained on X and those findings were reviewed. Dr. X examined the patient on X and noted X had been beneficial, but X had had X last session. X had X. X felt X improved X pain by X and X was currently on X. X had previously undergone X. A X was recommended. X would be discontinued, as the patient did not want to take X. X, M.D. noted on X if X had an X the next week, it would be X. X was referred back to Dr. X. The patient filled out an informational section on X and then was evaluated by Dr. X on X. X had a past surgical history for X. The assessments were X. An X was recommended. As of X, the patient noted X had significant relief from the X on X, but within X months, the pain returned. X was X pounds. X and X had associated X. An EMG/NCV study and a X were recommended. An EMG/NCV study of the X on X was X without evidence of X. Dr. X then performed a X on X for the pre and postoperative diagnoses of X. Dr. X followed-up with the patient on X. X were noted to only provide relief for X days. The risks and benefits of surgery were discussed with the patient at that time. On X, a preauthorization request was submitted for X. On X, X provided an adverse determination. On X, Dr. X submitted X final and formal appeal, noting the previous peer to peer would not speak with X Physician Assistant while X was in

surgery. On X, another adverse determination was provided. On X, a request was submitted for an IRO.

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

The patient is a X who reported X on X, X. X was evaluated on X by Dr. X who documented in the medical record that X had a prior history of X. Physical examination on that date revealed significant X with a body mass index over X, X. The diagnosis was X. X-rays documented X. It was also reported that there was a X. All these radiographic findings are X. MRI examination completed on X confirmed these X. There were no reported findings of an X. The patient was subsequently referred to Dr. X, a neurosurgeon who had previously performed a X on this patient. Dr. X diagnosis appeared to be X. Electrodiagnostic testing performed on X was X, with no evidence of X. Dr. X, on X, recommended the proposed surgical procedure to the patient. Initial review was performed by X, M.D., an orthopedic surgeon, on X. X non-certified the requested procedure. X, D.O., an orthopedic surgeon, non-certified the request on reconsideration/appeal on X. Both reviewers attempted peer-to-peer and cited the Official Disability Guidelines (ODG) as the basis of their opinions.

The ODG indications for surgery, X, include the following: symptoms/findings which confirm the presence of X. I) Objective findings on examination need to be present X, X exam should correlate with symptoms and imaging. Findings require one of the following: A) X, requiring one of the following: 1) X. 2) Mild to moderate X. 3) X pain. B) X including one of the following: 1) Severe X. 2) Mild to moderate X. 3) X pain. X, requiring one of the following: 1) Severe X. 2) Mild to moderate X. 3) X pain. X, requiring one of the following: 1) Severe X. 2) Moderate X. 3)

Unilateral X pain. It should be noted that EMG/NCV studies are optional to obtain X, but not necessary if X is already clinically obvious.

II) Imaging studies require one of the following for concordance between radicular findings on radiological evaluation and physical examination findings: A) X. B) X. C) X. Diagnostic imaging modalities require one of the following: 1) MRI scan. 2) CT scan. 3)X. 4) CT X and x-ray. III) X treatment requiring all the following: A) X. B) X requiring at least one of the following: 1) X. 2) X. 3)X. 4)X. C)X: 1) X, X. 2)X. 3) X screening that could affect surgical outcome. 4) X. (Fisher 2004)

The patient has undergone electrodiagnostic studies, which are normal without any evidence of X. The physical findings are not consistent with any evidence of X as discussed above. There is no objective documentation of any instability in the medical documentation reviewed. The requested X are not appropriate, medically necessary, or supported by the evidence-based ODG and the previous adverse determinations should be upheld at this time.

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)