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PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury X. X was X. When X, X. X was diagnosed with X. On X, X was evaluated by X, MD for X. X continued to experience pain to X. X had previous diagnostic procedures to X, which had provided X pain relief to the site performed. However, the pain had X. The pain was described as X. The pain was aggravated by X. On examination, X appeared to be X. The examination of the X. There was X. X were present at the X. X was restricted and painful in all the X. X test was unable to be performed due X. X was X. X was X. X was avoiding X. An MRI of the X dated X showed X. X at X. Treatment to date consisted of medications X. Per the utilization review determination letter dated X, X, MD indicated that the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced 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 is insufficient documentation of X. Exceptional factors were not established." Per the Notification of Adverse Determination letter by X, MD dated X, a reconsideration request for X was denied. Based on the clinical information submitted for the review and using the evidence-based, peer-reviewed guidelines referenced above, the request was not certified due to lack of X.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per

the utilization review determination letter dated X, X, MD indicated that the request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not medically necessary. Considering this presenting issues 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 is X. Exceptional factors were not established.” Per the Notification of Adverse Determination letter by X, MD dated X, a reconsideration request for X was denied. Based on the clinical information submitted for the review and using the evidence-based, peer-reviewed guidelines referenced above, the request was not certified due to X. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines note that the requested procedure is limited to patients with X. The submitted clinical records indicate that this patient presents with a diagnosis of X. There are X records submitted for review.
Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is upheld.

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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL