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PATIENT CLINICAL HISTORY [SUMMARY]:

X with date of injury X. X was involved in a X. X was X. The diagnosis was X. X, MD evaluated X. on X. X was involved in a X. The pain level was X at the time. It was X at its X. The pain was X. X had X. X to put X, and getting X. On examination, X had an X. X test was X. There was X. An MRI of the X dated X showed X. The treatment to date included medications X. Per an Adverse Determination letter dated X, the request for X was denied by X, DO. Rationale: "X must be documented on X. There should be X. The claimant X. There was only X. X findings were within X. There were X. The request for an X is not certified." A request for authorization for X was submitted on X. Per a Utilization Review decision letter dated X by X, DO, the request for X was noncertified. Rationale: "The guidelines recommend X. In this case, the records submitted indicated the patient had complaints of X. The physical exam noted X. The request for X does not meet guidelines as the 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 an Adverse Determination letter dated X, the request for X was denied by X, DO. Rationale: "X must be documented on X. There should be X. The claimant does not have X. There was only X. X findings were within X. There were X. The request for an X is not certified." A request for authorization for X was submitted on X. Per a Utilization Review decision letter dated X by X, DO, the request for X was noncertified. Rationale: "The guidelines recommend X. In this case, the records submitted indicated the patient had complaints of X. The physical exam noted X. The request for X does not meet guidelines as the documentation submitted X."

There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is X. The patient's physical examination X.

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