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PATIENT CLINICAL HISTORY [SUMMARY]:

X with date of injury X. The biomechanics of the injury was not available in the records. X was diagnosed with X. On X, X, MD evaluated X for a follow-up. X was X months X. X noted X. Workers' Compensation had denied X. X had only been able to attend a X. On examination of the X, X had X. There was a X. There was X. The X was X. X was X. X-ray of the X was reviewed revealing X. Per a X progress note dated X, X, DPT documented that X continued to report pain that X rated X with X. X did report improvement in X ability to X. Physical examination of the X. There was X. The treatment to date consisted of medications X. Per a Utilization Review Peer Reviewer's Response dated X, the requested service of X was non-certified by X, MD. Rationale: "Per reviewed records, this is a X. Per the last progress note dated X, X was requested. Per ODG of X is recommended for X. However, there is no documentation, which states if the patient had any previous sessions of X; therefore, it is unknown if the patient has already received the maximum amount of recommended X. A peer to peer was attempted twice for further information but the provider could not be reached therefore the requested X is not medically necessary and appropriate." Per a Utilization Review Peer Reviewer's Response dated X, X, MD non-certified the requested service of X. Rationale: "ODG X guidelines for X as that which allows for (X), X. This is a X claimant who reported an injury on X. The claimant is X. The claimant continues to report pain rated as X. The claimant has completed X visits of X as of X; however, there is no documentation of objective and functional measures of progress as a result of prior X. After X it is expected that the claimant would be independent in a X. Therefore, the medical necessity of the requested X is not established. Non-certification is recommended."

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 for X is not recommended as medically necessary, and the previous denials are upheld. Per a Utilization Review Peer Reviewer's Response dated X, the requested service of X was non-certified by X, MD. Rationale: "Per reviewed records, this is a X who sustained an injury on X and diagnosed with X. Per the last progress note dated X, X was requested. Per ODG of X is recommended for X. However, there is no documentation, which states if the patient had any previous sessions of X; therefore, it is unknown if the patient has already received the maximum amount of recommended X. A peer to peer was attempted twice for further information but the provider could not be reached therefore the requested X is not medically necessary and appropriate." Per a Utilization Review Peer Reviewer's Response dated X, X, MD non-certified the requested service of X for the X. Rationale: "ODG X guidelines for X. This is a X claimant who reported an injury on X. The claimant is X. The claimant continues to report pain rated as X. The claimant has completed X; however, there is no documentation of objective and functional measures of progress as a result of prior X. After over X, it is expected that the claimant would be independent in a X. Therefore, the medical necessity of the requested X is not established. Non-certification is recommended." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The total number of X visits completed to date is unclear. The submitted clinical records fail to document ongoing significant and sustained improvement as a result of X completed to date. There are no contraindications to a X documented. The patient's physical examination on X notes near X. The patient is X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision 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