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PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. The biomechanics of the injury were not available in the medical records. X was diagnosed with X. X was seen by X, DO on X. Over X months prior, X did extremely well, following an X. X was back to work X to X hours per week. Unfortunately, over the prior month or so despite appropriate X at the X with Dr. X, X. X did have X. X had a X sign on the X. X had X. As a result, X was recommended. At the time, X pain was in the X. X most recent MRI was X. X had pain with X. X had X. X did want to go back on the X, which X stated was mostly efficacious for the X. X was receiving X. X was advised. X intake X was X for X. It was consistent with the ongoing agents X was receiving. X affect had stabilized X on the X on the X test. Continued X and X at the X was encouraged. An MRI of the X dated X showed X present within the X was noted at the X. X. A X, which had increased in comparison to the prior study. There was X. A central zone with X, suggesting the X. At X, which had increased slightly in comparison to the prior study was seen. There was X due primarily to X. X were present at all X, indicative of X. was present from X, which contributed to the degree of X. Treatment to date consisted of medications (X), X. Per a Peer Clinical Review Report and Notice of Adverse Determination dated X, the request for X was non-certified. Rationale: "With regard to the X, according to an office note on X, there was documentation that the injured worker reportedly did well over X months ago following X for X. There was also documentation of X per MRI with a X. There was also documentation that the injured worker wanted to go back on X with X, which was reportedly mostly efficacious for the X was currently receiving. It is therefore, unknown why the X would be required for the X symptoms since X with X is being done that was reportedly efficacious for the X. Therefore, this request is not in accordance with the guideline criteria and is non-certified." X was seen by Dr. X on X. X was disappointed and X did not understand why treatment which

helped X more than X, helped X to become X and X and now which had recurred was not being treated as was treated in the past. X was a safe effective treatment, well established in the ODG guideline and well established in the local, national, world communities for treatment of X, which X continued to X, was sent back to Dr. X by Dr. X, X family physician, for X. X did not want to be on medicines indefinitely. X wanted definitive treatment, which either ameliorated or relieved the X state, which was X as established in the Texas Labor Code and supported by the Texas Medical Board. Dr. X looked with utter disbelief that this treatment was denied because the doctor who reviewed this case felt that medicines were well enough to establish X relief of pain. X who wanted patients off X, wanted patients to recover as did the Texas Labor Code and not sustain themselves to the systematic effects of long-term use of X. As a result of the continued use of X, X was requiring X. These agents all had X concerns. X which helped X eliminate narcotic and nonnarcotic analgesia in the past will be resubmitted at the X. At the time, X was expressing X. There was pain with X. X had continued to note success with a X. X was doing daily X was to be arranged. Given X American Society of Anesthesiologists (ASA) III status, X would require X as previously provided to X. X also stated, X would not let a X if X did not get the progress or gains made to previous treatment well over a year ago. The ODG guideline specifically stated patients could receive recurrent X after a year of treatment for X as X MRI, most recently supported X. This was a nonsurgical approach, a cost-effective approach to X helping to avoid X. Per a Peer Clinical Review Report and Notice of Adverse Determination dated X, the request for X at X was non-certified. Rationale: "Guidelines state X must be well documented, along with objective neurological findings on physical examination. X must be corroborated by imaging studies and when appropriate, electrodiagnostic testing unless documented pain, X diagnosis. X is not generally recommended. When required for X, an injured worker should remain alert enough to reasonably. The submitted records document X. There is documented benefit with a prior procedure and X. However, the medical necessity of the requested X is not documented as there is no evidence of X described the submitted records. Therefore, based on the medical documentation provided, and using the evidence based, peer-reviewed guidelines, recommendation is to non-certify this request."

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 recommended as medically necessary, and the previous denials are upheld. Per a Peer Clinical Review Report and Notice of Adverse Determination dated X, the request for X was non-certified. Rationale: "With regard to the X, according to an office note on X, there was documentation that the injured worker reportedly did well over X months ago following X but then the pain returned. There was also documentation of X per MRI with a X. There was also documentation that the injured worker wanted to go back on X, which was reportedly mostly efficacious for the X pain X was currently receiving. It is, therefore, unknown why the X would be required for the X is being done that was reportedly efficacious for the X pain. Therefore, this request is not in accordance with the guideline criteria and is non-certified." Per a Peer Clinical Review Report and Notice of Adverse Determination dated X, the request for X was non-certified. Rationale: "Guidelines state X must be well documented, along with objective X findings on X examination. X must be corroborated by imaging studies and when appropriate, X testing unless documented X. X is not generally recommended. When required for X, an injured worker should remain alert enough to reasonably. The submitted records document X. There is documented benefit with a prior procedure and X. However, the medical necessity of the requested sedation is not documented as there is no evidence of X described the submitted records. Therefore, based on the medical documentation provided, and using the evidence based, peer-reviewed guidelines, recommendation is to non-certify this request." There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no documentation of X on the submitted X MRI scans. Per note dated X, the patient underwent X in X which did provide some relief, but the relief did not last. The Official Disability Guidelines require documentation that X. X is better supported with documentation of 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