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PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury X. While X was X. X. X was diagnosed with X. Per the note dated X, X, MD stated that X had a X MRI, which showed X.X. At initial consult, X had signs and symptoms consistent with X. After some initial insurance battle, X. X was seen on X reporting X. Since X was doing so well at that office visit, X was instructed to continue X. The records got little confused. X was seen on X at X with return of symptoms. X saw progressive short-term improvement in pain from X which was X. While hoping that the X would last at least X months there were times where X. X was ordered, that was denied by Workers' Compensation. There was a X. X was seen again on X by X, a nurse practitioner. X chart was updated, and X was resubmitted. That was also denied. It was understood that Workers' Compensation was X. It was understood that denying a X If the initial procedure failed to produce results, which was appropriate though in the case there was a previous successful treatment. X a successful treatment had been historically allowed. On X, X was evaluated by Dr. X for the X. Unfortunately, despite X. In early X, X underwent X. X pain had returned to X. X was interested in X. X rated the pain X. The pain was described as X. The examination of the X showed X over the X. X tests were X. Treatment to date consisted of medications, X. Per the utilization review determination letter by X, MD dated X, a request for X was non-certified. Rationale: "The Official Disability Guidelines did not recommend the use of X as there was a lack of evidence to support the technique. The treatment remained investigational. The request was not recommended due to the lack of evidence supporting use of this technique. There was also no consensus as to X. "A letter dated X, X, MD indicated that the reconsideration request for X was denied. Rationale: "It has now been clarified that the physician is requesting X. Official Disability Guidelines do not recommend X due to lack of evidence supporting this technique. The treatment remains investigational. While it is

acknowledged that the claimant underwent a X and the claimant reported X, there was no associated clinically significant functional improvement. The claimant remained X. Further, it appears the claimant returned X months later X reporting X pain had returned to X. This was not a X-month duration as stated in the appeal. Given the lack of guideline support along with the claimant's X, a X is not indicated. The appeal request for X is non-certified.”

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 by X, MD dated X, a request for X was non-certified. Rationale: “The Official Disability Guidelines did not recommend the use of X as there was a lack of evidence to support the technique. The treatment remained investigational. The request was not recommended X. There was also X.” A letter dated X, X, MD indicated that the reconsideration request for X was denied. Rationale: “It has now been clarified that the physician is requesting a X. Official Disability Guidelines do not recommend X due to X. The treatment remains investigational. While it is acknowledged that the claimant underwent a X and the claimant reported X. The claimant remained X. Further, it appears the claimant returned X months later X reporting X pain had returned to X. This was not a X-month duration as stated in the appeal. Given the lack of guideline support along with the claimant's X, a X is not indicated. The appeal request for X is non-certified.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines note that X is not recommended due to X. Current treatment remains investigational. More research is X. When treatment is outside the guidelines, exceptional factors should be noted. There are 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