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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X who was reportedly injured on X. Claimant underwent X.

X: Post Op Visit with Dr. X. Claimant had X. Pt reports complete relief after X. Pt reports that the X. States X was able to ambulate with a cane for several blocks, without the cane less than a block. Pt has had X. Pt was taking X. States X had a X.

X: Office Visit with Dr. X. Follow-up concerning X. Reports X. X presents with X. X declined X today but will continue X. An MRI will be ordered to rule out a X. Pain is X. X has been going to X without X. No longer taking X. X is taking X. X is using a X. X reports numbness on X. Pain in X. Examination reveals X. Motor- X. Reflexes-X. MRI of X dated X showed X. X has been diagnosed with X. Prescription for X. Request MRI of X.

X: UR from X. Rationale- The health care services requested does not meet established standards of medical necessity. In this case, the documentation notes claimant has increased X. However, there was X noted on the documentation. There is X.

X: Appeal request by Dr. X. I have advised we proceed with a new MRI of X. X reports a X. The MRI has been denied by WC, stating X has not had a new injury, which is NOT correct. This letter is a request for an appeal.

X: UR from X. Rationale- Per phone call with Dr. X, he advised that the claimant has an updated note from X, which X on exam. The claimant X. He stated he would fax over the medical note but was never received. There is no clinical evidence of sensory or neurological deficits. As such, denied.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The previous adverse decision is Overturned. This patient underwent X. X had completed pain relief X. However, X now has pain in the X. X has completed a course of X. X has also taken a X. X treating physician has recommended a repeat MRI of the X. X new complaints are concerning for X. X has completed a course of X. It would be reasonable for X to undergo repeat imaging of the X with a new MRI to assess the condition of X. This is a standard diagnostic tool following a X. Therefore, the request for MRI X is considered medically necessary.

PER ODG:

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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)