



Specialty Independent Review Organization

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient is a X who sustained an industrial injury on X. The mechanism of injury was described as a X. Past medical history was positive for X. A review of records revealed a X. X was documented to include X. The X MRI impression documented a X. There was X. There was X. There was X. The X produced a X recommended. The X orthopedic report cited complaints of X. Pain was localized over the X. X had been performing X. X had undergone an MRI which showed evidence of a X. X was consistent with X. X exam documented X. X exam documented X. There was discomfort noted over the X. This was one of the areas of X. There was X. X were noted in the X. There was X. X tests were X. X sign revealed X was noted. There was X. X strength testing revealed X. X testing evidenced X was noted. X test was X, but there was discomfort in the X. X-rays of the X. There was a X were noted. The diagnosis included X. The patient had tried X. X had been given a prescription for X, but the carrier had denied X due to the fact that X would require X. The patient had a X. X was having X. A X was contraindicated as this would lead to further X. X would not be a judicious use of resources as X was not being treated for a X. The treatment plan recommended X examination of the X. X would require a X. The X peer review report indicated that the request for X was non-certified. The rationale stated that there were X presented to fully necessitate the requested X. There were no X identified. The X orthopedic report stated that the

patient had a X. X had been denied on the basis of not enough X. The patient had a X. The MRI scan showed X exam showed significant evidence of X. X exam findings were documented essentially unchanged from X. The patient had X. It was again noted that a X was contraindicated, and X was not indicated. The treatment plan recommended X examination of the X. The X peer review report indicated that the request for X was non-certified. The rationale stated that there were insufficient pertinent X presented to fully necessitate the requested X. There were no exceptional factors identified. The request for X was non-certified as the X request was not medically necessary.

**ANALYSIS AND EXPLANATION OF THE DECISION  
INCLUDE CLINICAL BASIS, FINDINGS, AND  
CONCLUSIONS USED TO SUPPORT THE DECISION:**

The Official Disability Guidelines typically recommend X. Objective clinical findings should include X. Guidelines do not recommend X.

The Official Disability Guidelines recommend X. Guideline criteria include X weeks of directed care toward X.

The Official Disability Guidelines recommend X for X. X is generally recommended for patients  $\leq$  X was recommended. Although history, physical examinations and imaging modalities (MRI, MRA and CT) are important in ruling out X. Generally, X do not require any treatment or are occasionally X.

The Official Disability Guidelines state that X are recommended as an option following X.

This injured worker presents with X. Injuries were sustained in a X. Functional limitation preclude return to work and interfere with activities of daily living. X has X. Under consideration is a request for X. Guideline criteria have been essentially met at this time. There is evidence of significant persistent pain interfering with X. Clinical exam findings are consistent with definitive imaging evidence of a X. There is evidence of X. The orthopedic surgeon has opined that a X has been reportedly denied by the carrier as X was required. Given the relatively X is reasonably indicated as a relative exception to guidelines in the absence of a full X months of X. Therefore, the request for X is medically necessary.

Additionally, the request for X is consistent with guidelines following X.

The prospective request for X is medically necessary.

**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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY 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)**