



Specialty Independent Review Organization

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

The patient is a X. The patient was X. The patient is X. The patient was using X. The patient admitted to X. The patient was diagnosed with X.

MRI dated X documented that at X there was X. The MRI report of the X dated X documented that at X, there was X.

According to office visit on X, the patient complained of X. The patient was able to X. The current pain level was rated X. The pain level at worst was rated X and at best X. The pain felt like X. The pain did X. The pain was described as X. The pain was made worse by X. The review of symptoms X. On examination, the patient's blood pressure was X. On the X examination, there was X. X was noted X were noted. On X examination, X. The X were intact in the X. X test was X. There was pain in the X. X pain on X were noted.

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

Per ODG, X is required with a response of greater than or equal to X. The use of X may be grounds to negate the results of a X and should only be given in cases of extreme X.' The patient has X pain. No change with X. There is X. There is no documentation of extreme X. X are indicated but not with X.

The patient reports X. No change with X. There is X. The patient has X. Therefore, the request for X in non-certified.

Per evidence-based guidelines, and the records submitted, this request is not 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)