

True Decisions Inc.

An Independent Review Organization

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PATIENT CLINICAL HISTORY [SUMMARY]:

X who was diagnosed with X. On X, X noticed a X. When X attempted to X. An Independent Medical Evaluation was completed by X MD on X. X examination revealed that X was unable to X. X examination noted an evidence of X. X was abnormal and X. X was unable to X due to severe pain. X had X about the X. X had decreased X. X of X was limited by pain. X test on the X caused X. X was limited to X due to severe pain in the X. Dr. X recommended obtaining an MRI of the X. Dr. X opined that if the X MRI showed no significant X were not indicated along with no indications for X studies, then X would be felt to be at maximum medical improvement (MMI). The whole person rating was X. On X, X was seen by X. X rated the pain X. The pain was X. X reported that X. It was also bothered by episodes of X. X had X. The pain limited X activities outside the home. X took frequent X.X. There was pain noted over the X. X of the X. There was X on the X. X caused pain. An x-ray of the X. An MRI of the X dated X showed: at X. No X of significance had X. There was X. Focally accelerated severe X was re-demonstrated at X. A re-demonstration of X. The deformity of the X was present to some degree on prior examination of X and might have mildly worsened since studies of X. There were no other changes since the prior examination. The treatment to date included medications X. Per a Physician Advisor Report by X, MD dated X, the request for X MRI X was non-certified. Rationale: "Regarding the X MRI, the Official Disability Guidelines recommends magnetic resonance imaging for X. Repeat MRI is recommended when there is a significant change in symptoms or findings suggestive of significant new X. In this case, the patient reported X. However, according to the case notes, the patient had an MRI of the X on X with no indication of a X to warrant a repeat study. Additionally, there is no evidence of X MRI at this time. As such the requested X is non-certified. Regarding the X: The Official Disability Guidelines recommend X for patients with X. In this case, the patient reported X described as X. Additionally, the patient did have pain to X. However, there is no evidence of X. Additionally, the requested X is at more than X. As such, the requested X is non-certified. Regarding the X: According to the Official Disability Guidelines, X are not recommended for X. This X may be recommended on a case-by-case basis as an X; a condition that is

generally considered X in origin. In this case, the patient has a diagnosis of X. However, there is no evidence of a diagnosis of X. As such, the requested X is non-certified.” Per a Physician Advisor Report by X, MD dated X, the request for X MRI X as non-certified. Rationale: “Regarding the request for X MRI X, the Official Disability Guidelines specify that repeat MRI is recommended but there is no evidence of significant change in symptoms or findings suggestive of significant X. The letter of appeal dated X noted that the goal of the requested treatment was to X. However, there remained a lack of documentation regarding a change in the patient’s symptoms or physical examination findings suggestive of X. In agreement with the prior determination, the request for X MRI X is non-certified. Regarding the request for X, the Official Disability Guidelines recommend X. The letter appeal dated X noted that the goal of the requested treatment was to provide pain relief, increased performance, and activities of daily living and reduce the symptoms. However, as noted previously the requested X. There remained a lack of certification regarding X. Additionally, there was no clear indication to support the need for X. Therefore, the request for X is non-certified. Regarding the request for X, the Official Disability Guidelines recommend X on a case-by-case basis for X. There must be documentation of at X. The letter of appeal dated X noted that the goal of the requested treatment was to X. The physical examination noted X. However, there was a lack of physical examination findings confirming pain related to X. The rationale for requesting a X to be performed concurrently was not noted. Therefore, the request for X is non-certified. Regarding the request for a X, the Official Disability Guidelines recommend X as an option to reduce X and facilitate progress in active treatment programs. The guidelines specify that X must be documented by physical examination and corroborated by imaging studies and / or electrodiagnostic testing. There also needs to be evident that the patient had been unresponsive to X. The letter of appeal dated X noted that the goal of the requested treatment was to X. However, there was no clear rationale to support the need for a X to be performed concurrently with the X. There was a lack of documentation regarding X. Therefore, the request for a 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 MRI X is not recommended as medically necessary, and the previous denials are upheld. There is

no documentation of a significant change in clinical presentation to support updated MRI at this time. The Official Disability Guidelines would not support the performance of X as this can lead to improper diagnosis or unnecessary treatment. The Official Disability Guidelines support the performance of X. The Official Disability Guidelines note that X are limited to patients with X. The request for a X exceeds guidelines. The Official Disability Guidelines generally do not recommend the performance of X.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision 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