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PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker is a X with date of injury of X.

X injury occurred as a result of a X. Treatments referenced include X.

An MRI scan of the X is referenced as showing X MRI scan of the X. An MRI scan of the X included findings of a X.

X was seen for follow-up on X. X had complaints of X pain. X had X. X had pain X. X had a X. X examination findings included appearing in X. X had X. XX. There was X at X. X had X. X had X on X. There was a X.

The treatment plan included X.

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

The injured worker is being treated for X and X pain as described above.

Per ODG, diagnostic X are recommended with the anticipation that, if successful, treatment may proceed to X. Criteria include patients with X. The clinical presentation should be consistent with X.

In this case, the injured worker is having X pain symptoms and X examination findings support the presence of X. X treatments have been provided. X has X. X meets criteria for the requested X, which is medically necessary.

ODG criteria for the use of X. In this case, the treating provider documents decreased X. X has X.

For these reasons, the requested X is also medically necessary.

Therefore, I have determined the requested authorization for reconsideration for X is medically necessary for treatment of the patient's medical condition.

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
- (1) LOW BACK-LUMBAR EPIDURAL STEROID INJECTIONS (ESIS), THERAPEUTIC
- (2) ODG LOW BACK, EPIDURAL STEROID INJECTIONS, DIAGNOSTIC

**(3) ODG NECK AND UPPER BACK, FACET JOINT
DIAGNOSTIC BLOCKS**

- 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)**