

## **CASEREVIEW**

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

The claimant is a X who was injured on X. The treating physician has requested an X. The focus will be specifically on helping the claimant X.

On X, a Peer Clinical Review Report indicated certification of request for X.

On X, the claimant presented to X, MD with complaints of X. X reported being able to X. Able to X. Able to X. Pain level a X. Plan: Refer to Dr. X.

On X, the claimant presented to X, MA and X, MD. Behavioral Observations: At the present time, pain symptoms still appear to be X, however, X is making much progress in X ability to cope with these pain related symptoms. Pain: Before participating in the program, the patient was reporting that X levels of pain would average around a level "X". After several sessions of the X current average level of pain is at an "X". X reported that X is NOT taking any X. X: Increase in X. Increase in X. BDI-II score of X at the beginning of the program and X after completion of X. BAI score of X at the beginning of the program and X after completion of X. An X were recommended to help X form a routine and schedule.

On X, X MD performed a UR. Rationale for Denial: The Official Disability Guidelines, X was referenced. The documentation indicates that the injured worker has made minimal gains with the X. X pain score has actually increased from X. X is unchanged. Further, it appears the injured worker was recently approved to undergo X. This would not be considered functional improvement. Given the injured worker's prior X, continuation is not indicated at this time.

On X, X, MD performed a UR. Rationale for Denial: The Official Disability Guidelines Pain Chapter necessitate documentation of evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains to support the medical necessity of continued treatment in a X. In addition, evidence-based guidelines support up to X. Furthermore, evidence-based guidelines necessitate documentation of a clear rationale for the specified extension and reasonable goals to be achieved, individualized care plans explaining why improvements cannot be achieved without an extension, and evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed) to support the medical necessity of additional visits. Within the medical information to review, there is documentation of a request for X. Additionally, the prior adverse determination's concern for lack of documentation of significant subjective and objective gain has been addressed. The X progress note identifies that the requesting physician stated that X had improved, as well as X. However, it appears that X was approved on X. X are not supported when there are remaining treatment options or anticipated surgical interventions.

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

Determination: Denial of an X is UPHELD/AGREED UPON since clinically after completion of X there is lack of significant demonstrated efficacy by subjective and objective gains. Clinical information demonstrates X. There is notation of "X" use, but no documentation of any other X. There is no documentation regarding compliance with a X. There is no documentation regarding X. There is also question regarding pursuit of X. Therefore, X are 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 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)