CASEREVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:
This claimant is X who sustained an injury on X.

On X, MRI X: X resulting in X. At X, X resulting in X.

On X, the claimant presented to X, MD with X. Pain was rated at X and is improved with X. X reported more than X. It allowed increased ability to X. Therefore, X would like X. X examination revealed the ability to perform X.

On X, X, MD performed a UR. Rationale for Denial: The request is not supported. Although there was apparent benefit with previous X, the most recent progress note dated X dos does not include X examination findings of X to support a repeat X. Specifically, there is no mention of any X. The X test performed is not stated to X. Additionally, the requesting provider quotes the Official Disability Guidelines indicating that a X is supported if there has X. Although X pain relief was previously achieved, it is not stated X. Considering the X examination findings and X, this request is not medically necessary.

On X, X, MD performed a UR. Rationale for Denial: There is X information to support a change in determination, and the previous non-certification is upheld. Although there are subjective reports of relief following X there are no objective measures of improvement documented. There is no documentation of a X. Therefore, the medical necessity is not established in accordance with current evidence-based guidelines.

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

Based on records provided and peer-reviewed guidelines, this request is non-certified. There is X to support a change in determination, and the previous non-certifications are upheld. Although there are subjective reports of relief following prior X there are no objective measures of improvement documented. There is no documentation of a X. Therefore, the medical necessity is not established in accordance with current evidence-based guidelines.

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)