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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X sustained a work-related X on X with X.

X: Office visit by X, MD. Claimant complained of X. Exam at that time revealed X.

X: Office visit by X, MD. Recorded a patient complaint of X. Exam at the time revealed painful X.

X: Office visit by X, MD. Patient complained of X. Exam at time revealed painful X.

X: UR performed by X, MD. Rationale for denial: The patient has had only one previous X. Radiologic studies have not revealed X. There is no evidence of X. There is X. In short, this patient's documentation does not satisfy the ODG criteria for X. Therefore, the request as stated is noncertified.

X: UR performed by X, MD. Rationale for denial: In this case, it is unclear that X claimant is X. X has objective evidence of an X on exam and the X, has significant X. However, it is unclear that the claimant needs a X, based on the documentation submitted for review and that X is X, as such, the request is not medically necessary.

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

The request for X is denied.

The patient injured X. X underwent a X. X now has X. X has a X. X does not produce X. The X MRI identified X. X was noted on the X. The treating physician has recommended a X.

The Official Disability Guidelines (ODG) supports X. X is not recommended for X in workers' compensation patients.

The patient does not require X. X has X noted at these X. X also has no X on examination that would correlate with X complaints. The X at the X is not clearly associated with the X.

The request for X. X is found to be not medically necessary.

ODG 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)