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PATIENT CLINICAL HISTORY [SUMMARY]:

X: MRI X interpreted by X, MD. **Impression:** 1. Complete X. 2.X. 3. X. 4.X.

X: Operative Report by X, MD. **Preoperative Diagnosis:** 1.X. 2. X. 3.X. 4. X.
Procedures performed: 1.X. 2X. 3.X. 4 X.

X: Daily Note by X PT, DPT.

X: Daily Note by X PT, DPT

X: Daily Note by X PT, DPT

X: Progress Note by X, PT, DPT

X: Daily Note by X PT, DPT

X: Encounter Summary by X, MD

X: UR performed by X, MD. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, X is recommended as indicated for X. In this case, the patient was X. The provider requested for X. However, per guidelines, X is not recommended following primary X. Also, the use of X following X cannot be rationalized by any evidence of improved outcomes including measurements X. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes.

X: Encounter Summary by X, MD.

X: UR performed by X, MD. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. X was not established in the medicals to support the need for the request. Moreover, the guidelines stated that the use of X following X cannot be rationalized by any evidence of improved outcomes including measurements X. Furthermore, during the peer discussion

with Dr. X, the provider stated that the patient had not had surgery. After this discussion, per ODG, the use of X is not allowed or recommended. There is no support for improved outcomes. The request remains not medically necessary. The prior non-certification is upheld.

X: Encounter Summary by X, MD

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

The request for a X is approved.

This patient underwent X. The treating provider has recommended a X.

The Official Disability Guidelines (ODG) supports X following X.

This patient has X that were injured, which indicates a fairly extensive injury to the X. He meets ODG criteria for X following X. This is the patient who requires X to avoid further X, which could require X.

The X is medically necessary.

Per ODG:

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)