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PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury of X. X specific mechanism of injury is not stated by the records. On X, the patient taken to surgery for a X by X, MD under X. The X was utilized at that time. On X, the patient was taken to X with use of X, MD. When seen on X, X reported difficulty X, and an MRI was reviewed dated X, of the X. There are numerous X incompletely seen on the study stated to be consistent with X cannot be excluded. Further investigation with a dedicated X was suggested by a X, MD. Electrodiagnostic study dated X showed X. There was an X. There are findings suggestive of moderate to severe X. On X, new substance monitor report indicated that X had been tested and was found to be X.

On X, a letter was submitted indicating the requested procedure, an X stay was not supported and was non-certified. Official Disability Guidelines were used as the guidelines criteria. The reviewer indicated that although the patient complained of X. There had been only X at the requested levels. Therefore, the request was not supported as being medically necessary.

On X, a utilization review determination was submitted for the requested procedure, which included a reconsideration for an X. Official Disability Guidelines were used as the guideline criteria. It was noted that there was no evidence that the patient had X, and the requested procedure was considered not medically necessary.

On X, the patient was seen in clinic with complaints of X pain. At that time patient X. Medications included X. It was noted X was current X. Past medical history was X. X reported pain at X. On exam X had X. X grade X was rated at X. X had decreased X. A X was recommended in the form of a X.

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

On X, a letter was submitted indicating the requested procedure, an X stay was not supported and was non-certified. Official Disability Guidelines were used as the guidelines criteria. The reviewer indicated that although the patient complained of X there was no official MRI results per vying providing indicating any evidence of X views indicating any instability to support any X. There had been only X at the requested levels. Therefore, the request was not supported as being medically necessary.

On X, a utilization review determination was submitted for the requested procedure, which included a reconsideration for an X. Official Disability Guidelines were used as the guideline criteria. It was noted that there was no evidence that the patient had X, and the requested procedure was considered not medically necessary.

The MRI the X was reviewed, dated X, and at X. Furthermore, the reading radiologist found no significant X. The X. There is no indication of instability about the X, the patient only had X. The degree of X offered, in the form of X, has not been objectively documented by therapy notes. The issues raised on the previous determinations have not been resolved; guideline criteria have not been met, as the guidelines recommend X. The previous determinations are upheld not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES