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**An Independent Review Organization**

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***Patient Clinical History (Summary)***

The patient is a X whose date of injury is X. The patient was working on X. MRI of the X dated X revealed X. The X nearly touches the X. At X. Office visit note dated X indicates that chief complaints are X. The patient reports that the last procedure significantly X. Patient experienced an X. Patient states that the pain has X. Pain is rated as X. Current medication is X. On X examination there is X.

X. X is X. X is X. There is X. X is X. Assessment notes X. The initial request for X was non-certified noting that the ODG supports X. Within the medical information available for review, there is documentation of a request for X. Additionally, the claimant had a X. However, despite that X. Additionally, the request exceeds recommendations. The denial was upheld on appeal noting that though the claimant has a history of X. As such, the request is not considered medically necessary at this time.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. The Official Disability Guidelines note that X. X. X. The submitted clinical records indicate that this patient underwent X is not documented. There is no documentation of X. There is no documentation of X. Therefore, 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-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)