



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone:
877-738-4391 Fax: 877-738-4395

PATIENT CLINICAL HISTORY [SUMMARY]:

On X, Dr. X evaluated the patient who noted X. X had X. X was on X. X had a X. The X was last adjusted on X. X in the note it indicated X current medications were X. X was X on exam. X had a X. Sensation was X. X CT scans were recommended. A X CT scan was then done on X and revealed X. At X. At X. The patient returned to Dr. X on X for X CT results. X was now on X. An X was ordered at that time. The patient was then evaluated in X on X. X noted X had turned X. X had X. X was within functional limits, except for X. X were absent in the X. X was recommended X. As of X, X had improved, and an X were recommended. On X, the patient stated X had X. X noted X relief from the X. X also presented with X that did X. On exam it was felt X had some X, which were requested on X. On X, the patient X. X then followed-up on X and noted X got X, but X pain had full returned. X was able to be more active during that X week period of time. X reported X with X and X with the X. An X study had been performed on X with evidence of X. There was no evidence of X. It was felt the patient was a good candidate for a X, which would be done X. This was then requested on X. On X, an adverse determination was provided. On X, an appeal was submitted for the X. Dr. X examined the patient on X. X were X and X was X. It was noted X in the X. They would pursue the X prior to recommended X. On X, Coventry provided another adverse determination for the requested procedure.

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

The patient has what is X and it should be noted X is not an appropriate procedure for this diagnosis. In addition, there is no X evaluation of the X studies that would confirm the need for the current treatment. The CT scan of the X on X confirms that there is X, but it is present at X and there is no convincing evidence that X requiring treatment. Furthermore, based on the documentation reviewed, the patient's current symptoms and exam include X and, therefore, a X is not the appropriate procedure. It should also be noted X. In addition, it appears X has been recommended for X. Therefore, the requested X is not medically necessary, appropriate, or in accordance with the ODG and the previous adverse determinations are upheld at this time.

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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY 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)**