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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X with date of injury X. X had a work-related incident when a X. X sustained X. X was diagnosed with X. X visited X, MD on X for a follow-up of X pain, which X had been experiencing for X. X reported sudden onset of pain. The pain was X. It X. It was rated X. It worsened by X. It was better with X. X was frustrated because of the pain. Associated symptoms included X. X was using a X. X had tried treatment with X. Some of the treatments had been partially beneficial for short time. X had X. X had undergone X. Subsequent X was denied by the insurance on X. X ordered by Dr. X was pending. X appeared X. Examination showed a X. X to X was X over the X. X was noted to be X. X was unable to X. X had X with X. X was unable to X. X X were X. X was X. X was noted in the X. X was X. X was seen X. X returned to Dr. X on X. X complained of X. X was X due to the pain. On examination, X appeared X. X revealed pain on X. There was pain noted over the X. X revealed X. X showed X. X was noted to be X. X caused pain. X was X degrees. There was pain noted with X. X was painful and was noted to be X. X test was noted to be X. X tests were noted to be X. X was noted over the X. An X was noted. The X appeared to be X. X was unable to X. X had X. X was unable to X. X and X felt as if X. The X was X and X was X. X was noted in the X. X was X. X was seen X. The diagnosis included X. An x-ray of the X dated X revealed X. There was X seen at the X. There was X. There was X. An EMG / NCV study of the X dated X was X. An MRI of the X dated X identified findings of X. X was seen. At the X, there was X. At the X, there was X seen. The X was patent. An x-ray of the X dated X showed X. The study was X. An x-ray of the X dated X showed X. There was X. Treatment to date included medications X. A letter was documented on X by X, MD. The prospective request for X was noncertified. Rationale: "The request is not supported. The progress note dated X does not include any X to support a X. Additionally, although there is X on MRI, there is none at the X. Accordingly, the surgical request is not medically

necessary.” Per a prospective review dated X and a letter dated X by X, MD, the prospective request for X was noncertified. Rationale: “This claimant has complaints of X. X were performed indicating any X. Accordingly, this request is not medically necessary. Furthermore, during the peer discussion with Dr. X, the provider stated that the patient had a X. The patient had one MRI x; however, the patient continued with pain. There were A. A subsequent MRI showed X. The provider requested X; however, those were both denied. The provider is looking at different kinds of treatments for the patient. The patient is a X. After speaking with the provider, X had submitted for X, but they were denied. The patient had not had any recent X, it has been denied by the insurance company. X. Discussed the MRI scan, X. The provider is trying another avenue to get the patient help. No specific information was provided why X is necessary.” It was determined that the request was not medically necessary. Per a Reconsideration Review dated X and a letter dated X by X, MD, the reconsideration request for X was noncertified. Rationale: “This request is not supported. There was X identified on X. Progress notes also indicate that X is pending and accordingly X has not been exhausted prior to considering X. Accordingly, this request is not medically necessary. Furthermore, during the peer discussion with Dr. X, the provider has been trying to get approval for X; however, those have not been approved. Patient is X. New x-rays reveal X. There is X. There are X. EMG X studies correlate findings at X. The patient does not fully meet the criteria per ODG guidelines. Patient has been shown to have progression of X. There has also been an advancement of X noted in X. Patient has not undergone X and it is unclear if X has completed X. Patient had definitely met the criteria for X and should those X may need to be considered. Therefore, all of the above requests are not supported.” It was determined that the request was not medically necessary.

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

In review of the clinical findings, the patient is X. The most recent x-rays revealed X. There was a X. The last X studies did show X. There was evidence of X. There has also been an X. The provider had indicated that attempts to obtain further X had failed due to denials. At this point, it would be reasonable to consider X if the claimant is unable to obtain approval for further X. The claimant does meet the clinical indications for proceeding with X.

Therefore, it is this reviewer's opinion that medical necessity is established for the requests and the prior denials are overturned.

**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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL