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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X with a date of injury X. The mechanism of injury was not available in the records. X was diagnosed with X. On X, X was evaluated by X, MD for a follow-up of X. X was referred by Dr. X for evaluation with a X. X started having X. X reported that X had an X. X stated due to an X. Since X prior visit, X had not noted any changes in symptoms. X continued to use X. Examination showed an X. X showed mild X. There was X over the X. X was – X. X showed X. X was unable to get X. X had X. X-ray of the X dated X showed X. Treatment to date consisted of medications X. Per a utilization review adverse determination letter dated X, the request for X was non-certified. It was determined that the Official Disability Guidelines recommend X. The complaints should include X. Physical examination findings should include X. The x-rays performed in office confirmed X. The records indicated that X had X. However, clarification was needed regarding whether X prior X. A X examination of the X was not documented to confirmed X. Due to the lack of pertinent information, the request was non-certified. Appeal Request Denial dated X indicated that the reconsideration request for X was denied. Rationale: "According to the Official Disability Guidelines, X is recommended when the criteria for X is indicated for the treatment of X to an on-the-job injury. Also, according to the Official Disability Guidelines X is not recommended for routine X. Not recommended solely to protect against X. In this case, an x-ray was noted in the patient's chart, which was performed on X which revealed X. No X.X. The patient was status X. The patient also stated an X. The patient reported that symptoms have remained unchanged and X. However, the medical records that were given for review lacked clear documentation that the patient had X to warrant the medical necessity for the requested surgical procedures at this time under the recommended guidelines. In addition, there was also a lack of documentation and rationale for the medical necessity of X. As such, the request for X is denied."

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

The claimant had been followed for X. The claimant had X. The records did not include any documentation regarding other X such as X. The last physical exam did note X. With the limited documentation supporting X, it is this reviewer's opinion the prior denial should be upheld.

Given the documentation available, the requested service(s) is considered not medically necessary and upheld.

**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