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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was diagnosed with X. The original date of injury was X. X was at X. X stated that X. In X, X was on the job when X got into a X. The ongoing diagnoses were X. On X, X was evaluated by X, MD. X required paperwork to be completed for X. X presented for the X. The pain was located at the X. It was X. X admitted that X. X stated that X. X had X. Associated symptoms included X. On examination, X weight was X pounds, and body mass index was X. X examination showed a X. There was X. The X Index score was X. X-rays of the X dated X showed X. X was noted.

Treatment to date consisted of medications X. Per the Adverse Determination letter dated X by X, MD, the request for CT myelogram of the X as requested by Dr. X was noncertified. Rationale: "Per ODG, "X is not recommended except for selected indications, when MR imaging cannot be performed, or in addition to MRI. X are ok if MRI is unavailable X." It is unclear what the indications of X would be in this case. As per the records, the patient has X. No changes or recent trauma was documented. The initial injury was in X. The X was also not documented. The request does not meet ODG guidelines. As such, X is not medically necessary."

Per the Appeal Determination Denial letter dated X, X, DO denied the request for X. Rationale: "According to the Official Disability Guidelines, the request for a X is not warranted. The physician did not address the prior determination issues to give an indication of why X was necessary at this time. The patient's X. The patient did not have any current evidence of X. Based upon these findings, the requested service is not supported. I received additional clinical documentation to include a procedure note dated X, which was the placement of a X. I received a copy of the X evaluation dated X and a copy of the visit notes from X along with the x-ray imaging from that date. The additional clinical documentation did not provide any sniffing information that would change the determination. As such, in accordance with the previous denial, the appeal request for a X is not medically necessary."

**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. Per the Adverse Determination letter dated X by X, MD, the request for X as requested by Dr. X was noncertified. Rationale: "Per ODG, "X is not recommended except for selected indications, when MR imaging cannot be performed, or in addition to MRI. X are ok if MRI is unavailable, X." It is unclear what the indications of X would be in this case. As per the records, the patient has X. No changes or recent trauma was documented. The initial injury was in X. The X was also not documented. The request does not meet ODG guidelines. As such, X is not medically necessary." Per the Appeal Determination Denial letter dated X, X, DO denied the request for X. Rationale: "According to the Official Disability Guidelines, the request for a X is not warranted. The physician did not address the prior determination issues to give an indication of why a X was necessary at this time. The patient's X. The patient did not have any current evidence of X to support the request for additional imaging. Based upon these findings, the requested service is not supported. I received additional clinical documentation to include a procedure note dated X, which was the placement of a X. I received a copy of the X evaluation dated X and a copy of the visit notes from X along with the x-ray imaging from that date. The additional clinical documentation did not provide any significant information that would change the determination. As such, in accordance with the previous denial, the appeal request for a X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient's X examination notes X. X was observed. X are X. X was X. There is no documentation of a significant change in clinical presentation.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES DESCRIPTION)