

AccuReview

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PATIENT CLINICAL HISTORY [SUMMARY]:

X: Encounter dictated by X, MD. CC: X pain. Pain began X after a work-related injury while X. Claimant reported that since the accident X has done X. X had MRIs and was referred to Dr. X. X had X. Since this procedure X has continued to have X. The pain is most X. The pain diagrams on intake forms showed X. Pain rated X with medication and X without medication. Pain improves with X. Pain aggravated with X. Accompanying symptoms: decreased X. PE: X: X: X, X. Assessments: Work Related injury – X: Program for controlled substances initiated, MRI X to determine any X, causing the increase in X pain and to X. Start X pain at X. Consider EMG as X. Consider X. Follow up after MRI.

X: MRI X dictated by X, MD. Impression: 1. X from X. 2. At X, there X. Mild X. Mild to moderate X. The X is patent. 3. At X, there is X.

X: Encounter dictated by X, MD. CC: X pain. PE: unchanged. Assessment: Work Related injury –X. Treatment: At this point the claimant has not exhausted all X. MRI reviewed and the pain is due to the X. X is increased. Consider X and start X as previously discussed. X.

X: Orders for Request dictated by X, MD. Requested: X. Notes: X.

X: UR performed by X, MD. Reason for denial: ODG X indicates that X. In this case, the claimant is a X who sustained an injury on X. According to the office visit dated X, the claimant complained of X pain. The X showed the claimant had X. The claimant underwent X on X with continued X. There is X. There is also a X. There is a X. The claimant has X. There is X. Medical necessity not established. Therefore, the request for X is not medically necessary.

X: UR performed by X, MD. Reason for denial: The appeal X is not medically necessary. In this case, the claimant has clinical findings of X. The claimant underwent X. There is X. There is also a X. X has X. There is a X. The X has not been performed, based on the documentation submitted for review. The MRI of the X on X. As such, the medical necessity is not established. Therefore, the appeal X is not medically necessary.

X: X Testing Report dictated by X, MD. There are X on today's study most consistent with: a. X. There is no X. X. There is X. This test points X. Clinically, the above findings of X. We at Performance will continue to treat X for continued X. If symptoms worsen, consider repeat study with X.

X: Encounter dictated by X, MD. CC: X pain follow-up, X. PE: X: X. Assessment: Work Related injury X. Treatment: Work related injury is attributed to claimant's symptoms, at this point X has exhausted all X and we have discussed the following treatments: schedule patient for a X. The goals are to facilitate the claimant's progress in more X. X, does not require any further X. Consider X. This continues to worsen, and X has not had a X. X. Because the claimant is having continued X pain and symptoms of X. Consider X

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

Based on records submitted and peer-reviewed guidelines, the previous adverse determinations are agreed upon; request is non-certified. In this case, the claimant has clinical findings of X. The claimant X. There is X. There is also a X. X has X. There is a X. The X has not been performed, based on the documentation submitted for review. The MRI of the X on X was inconclusive for new X. As such, the medical necessity is not established. Therefore, after reviewing the medical records and documentation provided, the request for X is not medically necessary and is non-certified.

Per ODG:

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
- PRESLEY 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)