

AccuReview

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PATIENT CLINICAL HISTORY [SUMMARY]:

X: X Report dictated by X, MD. Impression X.

X: X Report dictated by X, MD. Impression: Limited exam. X changes.

X: X Report dictated by X, MD. Impression: X. Recommend further evaluation with X. X.

X: Plan of Care dictated by X, PT. CC: X. Current Status: unable to X. Pain at best X, and X. Assessment: claimant is X. Most noted improvement with X test, as X is now able to X. X does have X complaints and is pending MRI. All goals are updated and new X. DX: X pain, other X. Plan: It is recommended that the claimant attend X. The outlined X procedures and services in the plan of care will address the problems and goals identified. X.

X: MRI X dictated by X, MD. Impression: 1. There is a X. 2. At the level labeled X. This is X and may be better placed in time with X. This measures X. There is X.

X: Plan of Care dictated by X, PT. CC: X pain after work injury. Assessment: claimant continues to have X. X is still X. All goals and objective updated and will X. DX: X pain, other X. Plan: claimant has completed X authorized visits at this time and will complete remaining X.

X: Daily Note dictated by X, PT. CC: claimant has been identified as a X. X-. X described as X. MOI: On X, claimant was. X was unable to X. Symptoms are X. Symptoms alleviated X. DX: X pain, other X. Plan: unchanged.

X: Request for X dictated by X, MD. RX: X. X.

X: UR Voluntary certification at X dictated by X, DPT, CHT. X.

X: Plan of Care dictated by X, PT. CC: X. Assessment: claimant has made X. Pain levels have decreased to X, X is still limited with X. X is most challenged with attempts of X. All objectives and goals updated with X. X pain, other X. Plan: X.

X: Progress Note dictated X, MD. CC: X. On X when X was working, X was X. X pain have improved marginally, but X. Pain remained in the X. Initially had X and now it has gotten better. Claimant has completed X. X is taking X. PE: X: painful and X. X. X. Assessment: X. Plan: claimant has X. Will authorize X.

X: UR performed by X, MD. Reason for denial: based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per guideline, X. This treatment should be administered X. For X, it is recommended on a case-by-case basis as a X. In this case, the claimant had pain remained in the X. There was X. X had an X. X had X. MRI of the X on X. At the level labeled X. This measured X. There was X. A request for X was made; yet, there was limited objective finding that would warrant the need for the current request. Although it was mentioned that X. There was no mention from the medicals if the X. Moreover, there was also no mention if this treatment would be X. A clarification is needed in the request if the procedure is a X. Thus, the current request is not supported.

X: UR performed by X, MD. Reason for denial: based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. X was mentioned that claimant completed X. X were not documented. There is no mention from the medicals if the X. Moreover, there is no mention of X. ODG recommends as a short-term treatment for X. Although the clinical findings presented in the most recent visit were consistent with X, the MRI of the X dated X did not X to corroborate the findings and support the need for the request. In addition, there were no X were noted. Denied.

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

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. It was mentioned that claimant X. Dosages of medications were not documented. There is no mention from the medical records if the X. Moreover, there is no mention of treatment would be X. Although the clinical findings presented in the most recent visit were consistent with X, the MRI of the X dated X did not X to corroborate the findings and support the need for the request. In additionally, there were X were noted. Therefore, the request for X, is not medically necessary and furthermore is non-certified.

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)