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PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. X had a X. X was diagnosed X. On X, X presented to X, PA /X, MD for X. X had been in X. X reported X. Examination revealed X. X had X. X presented to X/ Dr. X on X for X. X continued to have X. X reported X. X had X. A CT scan of the X dated X showed X. At X, there was a X. There was X. At X, there was a X. This was X. It caused at least X. There was X. At X, there was a X. At X, there was a X. There was also X. It caused X. There was X. At X, there was a X. It caused X. There was X. At X, there was X. An MRI of the X dated X revealed X. The findings were X. There was X. An MRI of the X dated X revealed X. Treatment to date included X. Per an adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Per Official Disability Guidelines, X". In this case, the claimant has complaints of the X pain. The claimant had been in X. X reported X. The claimant was diagnosed with X. However, there is no indication of X. The guideline does not support the request. Therefore, the request is not medically necessary and is not certified." Per a utilization review decision letter dated X, the request for X was noncertified by X, DO. Rationale: "The claimant reported X. Physical exam revealed X. It was noted MRI of the X revealed X. Signs of X. CT scan of the X performed on X revealed X. X. X.X.X. At X. At X. X. Advanced X. At X, X. Advanced X. At X, moderate X. Prior denial was due to X. There is still X. Therefore, medical necessity has not been established and the request is not medically necessary."

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

The claimant suffered X. The claimant had described X. Imaging has clearly demonstrated X. There was X. The claimant's physical exam findings have noted X. Given the clinical presentation, X warranted in order to avoid any further X. Whether or not X.

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

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