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DATE NOTICE SENT TO ALL PARTIES: 5/23/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an MRI Cognitive Rehabilitation Program- 80 hours/unit initial trial-outpatient.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Medical Doctor who is board certified in Psychiatry. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an MRI Cognitive Rehabilitation Program- 80 hours/unit initial trial-outpatient.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female who sustained multiple bodily injuries, while at work, on xx/xx/xx after an accidental fall. She reportedly initially fell forward and hit a machine with her head, then fell back ward hitting her head, neck, shoulder and lost consciousness. has no memory of the details of the events but witness reportedly reported that she might have been "out" for about 20 min before regaining consciousness.

Subsequent treatment included physical therapy, pain management with narcotics but recommended surgery was denied by her insurance company. Subsequent to her fall & head injury with LOC she reportedly has experienced

headaches, anxiety, nausea and vomiting. Among others, evaluated her for utilization review and denied requested Neuro-Cognitive Rehabilitation of 90 Hours.

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

The reviewer notes the fact that sustained multiple bodily injuries on xx/xx/xx following an accidental fall @ work. Said injuries included her head, neck, and shoulder. Witnesses indicated that she loss of consciousness for about 20min before regaining consciousness. Her post injury symptoms included headaches, anxiety, nausea and vomiting. While the above clinical scenario clearly suggests residual post-concussion syndrome following fall & head injury to this injured worker on xx @ work. The reviewer notes that an Initial Full Neuro-Cognitive evaluation for deficit determination would be necessary for the requested procedure to be approved as medically necessary. Therefore, all of the requirements of the ODG have not been met and the requested treatment is not medically necessary at this time.

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
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)