



MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax (972) 827-3707

Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: XX XX

XX XX: X URA review worksheet, X denial letter, peer review by X, MD X, X to X reports by X Clinic, X MRI report, X MRI report, X URA review worksheet, X denial letter, and X XX XX order.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This X was involved in an XX. A X on X. X had X injury with X. X had a X, X, X XX, a X injury, and X. X had an X. X has had X. The notes refer to a X evaluation that indicates slow recovery and an MRI of the X is requested. The evaluation was not included in the notes provided. This injured employee is working out daily for an X.

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

This claimant continues to improve after an XX that was X months ago. X XX examination is X. The current ODG guidelines and clinical practice does not support an MRI as X has a X exam with improving condition. ODG indicates the following are necessary for approval: 1)To determine XX

deficits not explained by CT, 2) to evaluate prolonged interval of XX XX, and 3) to define evidence of acute changes super-imposed on previous trauma or disease. The reviewer indicate that these factors are not present in this injured worker; therefore, the requested procedure is not medically necessary.

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 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**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**