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Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Dr. X and XX.

Dr. X: X office note by Dr. X, X letter by Dr. X, and X preauth request.

XX: X denial letter, undated office note Dr. X , X denial letter, X note by Medical Review Stream, X denial letter, and X Impact request.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had a date of injury of X. X has been using X. X current X are described as being X years old and currently, the request is for them to be replaced with new X both X connectivity, as well as X and X. The patient's X is described as having changed, although the only X provided is dated X, which shows a X with a X in that X is at X at X in the X X and X at X. In the X, X is at X at X and X in the X with peaked. X has a X on the X and X. There are no previous X to define any change, but it is commented on by both Dr. X and X X ,X. Clinical notes from Dr. X describing X normal X and X are included as well. The dispute revolves around new X to replace X X which are currently X years old.

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

From the provided records, the current X are X years old. The average life of X from X years to X years with good maintenance. New X can be provided for a change in X that would dictate further X. X are not required for any change in technology of the X with the rapidly changing industry. From the provided information, there is no documented change in the patient's X to justify authorization of new X. The only X is X current X from X of this year.

CRITERIA USED IN ANALYSIS: ODG 24th online edition
2019
XX

Based upon the guidelines, the service 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)**