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

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X. X struck X. X job is that of a X. The X MRI reveals a normal X exam. The X MRI reveals X. The X EEG was interpreted as X. Dr X diagnosed X with X. X notes from X indicate the IW is X. Apparently, X to Dr. X as X wasn't satisfied with the X.

Complaints of X. The notes also indicate that the IW is X. During evaluation, the IW was found X. The plan is X. X occurred between X. The 10/1/19 note by Dr. X indicates the following medications were being utilized: X. The exam indicates X has X.

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

The X section of the ODG was reviewed and there is no mention of X.

Therefore, other sources of X must be reviewed. The study by X. X., showed similar results with X improving return to X of symptoms. Therefore, based upon the injured worker's completing X related symptoms and the X finding that this type of treatment leads to positive responses for X. The only issue is that the request in the carrier denial letter and doctor request does not list a specific amount of sessions. The requested X is approved as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE
SCREENING CRITERIA OR OTHER CLINICAL BASIS
USED TO MAKE THE DECISION:
\Box ACOEM- AMERICAN COLLEGE OF
OCCUPATIONAL & ENVIRONMENTAL
_ MEDICINE UM KNOWLEDGEBASE
AHRQ- AGENCY FOR HEALTHCARE
RESEARCH & QUALITY GUIDELINES
\Box DWC- DIVISION OF WORKERS
_ COMPENSATION POLICIES OR GUIDELINES
\Box EUROPEAN GUIDELINES FOR MANAGEMENT
_ OF CHRONIC LOW BACK PAIN
MEDIOAE OODOEMENT, OEMIOAE EXI EMENOE
AND EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS
ODG- OFFICIAL DISABILITY GUIDELINES
TEXAS GUIDELINES FOR CHIROPRACTIC
QUALITY ASSURANCE & PRACTICE PARAMETERS
PEER REVIEWED NATIONALLY ACCEPTED
MEDICAL LITERATURE (PROVIDE A
DESCRIPTION)