MedHealth **R**eview, **I**nc.
422 Panther Peak Drive
Midlothian, TX 76065
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DATE NOTICE SENT TO ALL PARTIES: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
X

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 X. The reviewer has been practicing for greater than X years.

REVIEW OUTCOME

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

X

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of X.

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is a X who sustained an industrial injury on X. The mechanism of injury was not documented in the available medical records. X underwent X. X was referred for

X. The X orthopedic report indicated that the patient was doing X. X exam documented that X. X had X over the X. The diagnosis included X. The treatment plan recommended X. The X MRI conclusion documented X. There was minimal X. There was moderate X. There was a X. There was X. There was X. Findings documented a X. The X orthopedic report indicated that patient was seen in follow-up after X MRI. X reported X. X exam documented that X. X had X. MRI suggested a X. X had a X, but this was not present at X. The diagnosis included X. The treatment plan recommended X. The X peer review report indicated that the request for X, was denied. The rationale stated that the MRI was not provided for review. On X, the orthopedic office faxed the MRI report and requested reconsideration for X. The X peer review report indicated that the request for reconsideration of the denial of the request for X, was upheld. The rationale stated that there were no physical exam findings of X.

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

The Official Disability Guidelines recommend X.

The Official Disability Guidelines state that X, is not recommended as an isolated procedure. Indications for X include history of X.

The Official Disability Guidelines recommend X. Guidelines state definitive diagnosis of X. Guidelines state that generally X

The Official Disability Guidelines generally recommend X. Criteria include X.

This patient presents status X. X experienced an onset of X. Clinical exam findings are consistent with imaging evidence of X. There is imaging evidence of X. Guideline criteria have been met to support the X. There is evidence of a X. Regarding the request for X, there is imaging evidence of continued X. Regarding the request for X, there is imaging evidence of a X. Therefore, this request for X would be considered medically necessary.

Based upon the information provided, the prospective request for X is 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)**