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Notice of Independent Review Decision

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a X with a history of an occupational claim from X. The mechanism of injury was not detailed in the information provided for review. The patient's diagnosis included X. No comorbidities were documented within the information provided for review. The patient's diagnostic history including an MRI of the X. The patient's treatment history included X. The patient was evaluated on X. Received a X. It was noted that the patient was able to improve with X. The objective findings included a full but painful X. A X was requested at the time on X, and a X as requested. It was noted that the patient had an X. The current request is for the X.

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

Criteria for the use of x:

Per evidence-based guidelines, and the records submitted, this request is non-certified. ODG does not recommend a series of X. Although a X may be appropriate in select patients, studies do not support that a X provides any additional benefit. Additionally, according to the record, the patient was recommended for a X on X. A response to that X was not provided to support that this patient may be an outlier to the guidelines. As such, the requested X 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)