



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

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient is a X who sustained an industrial injury on X. The mechanism of injury was described as X. Past medical history was X. X treatment had included X. The X MRI impression documented findings consistent with X. There was X. There was a X. The X orthopedic report cited complaints of X. X provided relief for X days, then the pain returned. X exam documented X. The diagnosis included X. X had persistent pain despite X. Surgery was recommended to include X. X underwent X. The X orthopedic report indicated that the patient was doing well following X last week. Pain had improved and X felt better than pre-op. X exam documented the X. There was X. X exam documented X. The diagnosis was X. The treatment plan included X evaluation and treat, X times a week for X weeks. The X utilization review report indicated that the appeal request for X was non-certified. The rationale stated that this request exceeded the Official Disability Guidelines recommendations for X visits. This was suggested to be the initial X but the quantity exceeded guidelines. By Texas statutes, no modification would be made without discussion with an agreement by the treating provider. The reviewer stated that the X peer review non-certified the request for X.

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

The Official Disability Guidelines recommend X.

This patient underwent X. Under consideration is a request for X. The Official Disability Guidelines would support up to X visits of X for this patient's clinical scenario including X. This request is consistent with guideline recommendations. Therefore, this 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)**