



MedHealth Review, Inc.
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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.

REVIEW OUTCOME

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant was injured on X when X was X in the X. Records indicate X being seen initially at ER X. X demonstrated no X. X followed with subsequent evaluation at X where X was diagnosed with the X. Claimant was referred for X, provided work X and further imaging of the X. X provided minimal X. X persistent complaints prompted referral for X MRI that demonstrated a X and moderate to X. Claimant was referred to X where X was recommended for X. These X were

recommended to help determine the origin of X pain and as a X. Claimant ultimately declined the X and it was felt by X treating provider that X would improve X situation. The pre-authorization request for the additional sessions of X was denied initially and then denied again upon appeal.

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

Claimant sustained injury on X as noted above. Initial imaging did not demonstrate acute findings and X was provided medical management of X along with X. Documentation noted persistent complaints of X and some X. X documentation noted X. Claimant's pain complaints prompted MRI of the X. X was referred for specialty evaluation and consideration of a X procedure. A procedure to help confirm a X of X symptoms was recommended, but claimant declined that procedure being performed. Further X was recommended based on the reports of improved function with X initial X and the opinion that an additional X would help claimant obtain better pain relief and function. Of note, the X documentation for claimant's X on X describes "mostly unchanged pain symptoms with X. Claimant's treating provider and attorney requested authorization for X, but the initial request was denied in large part due to the inability of the reviewer, X, to contact the provider for treatment regimen clarification. Appeal of the adverse determination was also denied by X citing ODG evidence-based recommendations for the claimant's predominate diagnosis of X.

Claimant sustained the work-related injury that resulted in persistent complaints in X. X describes improved function but also notes "mostly unchanged X symptoms" after X. Claimant's X diagnosis throughout X care was "X and X

treatments appeared appropriately tailored to X of the X involved. However, claimant's mechanism of injury and description of symptoms are extremely consistent with an accompanying X of pain, though claimant declined the one procedure that might have helped determine if that suspected origin of pain was present. It is known that a claimant is never required to forego their reservations and proceed with any recommended X with the X involved. At the same time, it is also not required that claimant continue a course of treatment that is, by the documentation provided, not reducing X predominate symptoms. Per Dr. X documentation, X attempted to obtain clarification of the treatment rationale with the treating provider, Dr. X, but was unable to do so on 2 occasions. X adverse decision and the subsequent adverse appeal determination by Dr. X were felt consistent with the evidence-based ODG recommendations. Overall, it appears that claimant has an additional component(s) of X pain X that X has decided not to address which is X. However, the rationale that an additional X of X of the exact same type that has produced "mostly unchanged pain symptoms with X is not supported by ODG and 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)**