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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]:

Patient is a X with X, and X and X. MRI of X and X were also noted. Examination on X shows X. X was diagnosed with X. Also X.

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

Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition, Chapter: X

Patient X (ESIs):

(1) X must be well documented, along with X. X must be X testing, unless documented pain, X. A request for the procedure in a patient with X requires additional documentation of recent symptom X.

(2) X to X

Criteria for use of ESIs:

Note: The purpose of ESI is to X

(1) X should be administered using X of contrast for guidance. X is not recommended.

(2) X: At the time of initial use of an ESI for an X. A repeat X is not recommended if there is X. There should be an X between X. This recommendation only X.

(3) X: Repeat X recommended unless there is evidence of an X. This X is based on an X. Evidence indicates that ESIs should be restricted to patients with X, Therefore, the following criteria should be considered:

(i) X should require documentation that previous X.

(ii) X is better supported with documentation of decreased medication requirement after the previous procedure.

(iii) Based on X, no more than X.

(4) Best evidence does not support routine use of "series-of-X. No more than X ESIs are recommended for the initial phase, and X.

(5) No more than X.

(6) No more than X.

(7) The X dose is recommended per X. Research is available on X.

(8) Administering X on the same day as other X.

(9) X and X ESIs should not be administered on the same day to avoid excessive X and other X.

(10) X is not generally recommended. When required for X.

(11) X is not a X procedure. There should be evidence of X. This can include a continuing X.

Reviewer comments:

Per ODG, X is recommended as a short-term treatment for X. In the case, the patient complained of X that X. However, X findings on X such as X. There were no X of recent X. Moreover, guidelines further stated that this treatment should be administered in X. In addition, per guidelines, procedures in the X and are not recommended. Therefore, per evidence-based guidelines, and the records submitted, this request 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)**