



MedHealth Review, Inc.  
422 Panther Peak Drive  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax (972) 827-3707

---

## Notice of Independent Review Decision

**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 X.

**REVIEW OUTCOME**

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

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient complains of X that X. MRI X. X is able to X. Able X. X level now is X, at X. X is described as X. Medication helps with X. On exam, X. X positive on X. X noted. Patient was diagnosed with X.

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

Official X- Chapter: X

Selective X

Recommended on a case-by-case basis as a X. Indications for X:

(1) To determine the level of X when the diagnosis remains uncertain after a standard evaluation using a X. Specific examples of suggested utilization are the following:

- a. To evaluate X generator when X and X differ from those found on X
- b. To determine X generators when there is evidence of X
- c. To determine X generators when clinical findings are consistent with X, but X studies are inconsistent
- d. To identify the origin of X in patients who have had X

X procedure in which the X. This differs from a X, in which the X. X is proposed for use as a X in patients with X where the diagnosis remains uncertain after standard evaluation. This procedure is primarily performed prior to a surgical procedure addressing X and is not X. There is limited research to support this procedure, and all of the studies have X limitations. The validity of X may be reduced in patients with X.

Per evidence-based guidelines, and the records submitted, this request is non-certified. Per X is recommended to evaluate a X when X differ from those found imaging studies. In this case, MRI dated X showed that at X. Recent report dated X noted that the patient complained of X which radiated into the X. X had X. The current request was for X. However, clinical findings presented were already suggestive of X at the patient's X of which the X. In addition,

the present clinical findings were limited to indicate presence of multilevel X and there was no previous X to support the request for a diagnostic X. Therefore, 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 X**
- 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)**