

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an injury X. CT of the X from X showed X. X. X dated X indicated injured worker with history of X. X had completed a X evaluation on X and was deemed an appropriate candidate for a X. X had completed X in the past with no relief, utilizing a X. X had completed a X in the past with no lasting relief. X has had X. Current medications were X. As noted, the treatment plan was for a X. It is noted that the patient scored X which placed X at the X. X scored X on the BDI which indicated X, based on X response is listed on the self-report measure. X scored X on the X which indicated a minimal level of X. Per prognosis and summary, although X reported symptoms of X, X noted this was due to X pain. In addition, X was cooperative and appeared to have a good understanding of the X procedure. X appeared to understand the reasoning for this X exam, and X was willing to follow up with any type of 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

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)