

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

### 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:

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The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a X

#### PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a X who reported injury on X. The mechanism of injury was not provided. The patient was diagnosed with X. X were documented in the information provided for review.

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

Official Disability Guidelines- Criteria for the use of X Per evidence-based guidelines, and the records submitted, this request is non-certified. There is documentation of X, however, there is no documentation of how X. Therefore, the request for X at X in not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

AMERICAN COLLEGE O	)F
NAL & ENVIRONMENTA	L MEDICINE
DGEBASE	
AGENCY FOR HEALTHCA	ARE
& QUALITY GUIDELINES	
VISION OF WORKERS	
TION POLICIES OR GUIDE	ELINES
EAN GUIDELINES FOR MA	ANAGEMENT
LOW BACK PAIN	
UAL CRITERIA	
L JUDGEMENT, CLINICA	L
AND EXPERTISE IN ACC	CORDANCE
TED MEDICAL STANDAR	RDS
CENTER CONSENSUS C	ONFERENCE
	NAL & ENVIRONMENTA DGEBASE AGENCY FOR HEALTHCA QUALITY GUIDELINES VISION OF WORKERS TION POLICIES OR GUIDE EAN GUIDELINES FOR MARKED BACK PAIN UAL CRITERIA L JUDGEMENT, CLINICA E AND EXPERTISE IN ACCUTED MEDICAL STANDAR

	MILLIMAN CARE GUIDELINES
⊠ TRE	ODG- OFFICIAL DISABILITY GUIDELINES & ATMENT GUIDELINES
☐ ADVIS	PRESSLEY REED, THE MEDICAL DISABILITY FOR
QUA	TEXAS GUIDELINES FOR CHIROPRACTIC ALITY ASSURANCE & PRACTICE PARAMETERS
	TMF SCREENING CRITERIA MANUAL
ME	PEER REVIEWED NATIONALLY ACCEPTED DICAL LITERATURE (PROVIDE A DESCRIPTION)
□ VALID	OTHER EVIDENCE BASED, SCIENTIFICALLY, OUTCOME
	CUSED GUIDELINES (PROVIDE A SCRIPTION)