



MedHealth Review, Inc.
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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

The reviewer disagrees with the previous adverse determination regarding the X.

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant sustained a X. X was determined X. Despite X and X, claimant has X. X were X including X and X. There is mention in X records of the current X. Claimant was found to have X. The treating provider requested authorization for a X, but was denied on initial review. A request for reconsideration of denial resulted in a second peer review

denial based on the X. Claimant has also been considered for a X in a X.

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 with X. Despite X and X has developed X that were being X. Claimant has reportedly been X. There is mention of X. X is reportedly X. There is mention of X. Claimant was able to X and the treating provider attempted to X. The X preauthorization was denied as the medical reviewer, Dr X, cited ODG Guidelines and specifically the “X FDA X decision to recommend non-approval of X for treatment of X. The advisory committee indicated the X and X is not recommended as a X in ODG”. After initial denial, the treating provider requested a reconsideration of the denial and this was performed by Dr. X, who denied the reconsideration based on the X.

Claimant X that required X and X. The dispute arises from the management of the X and the recent choice of X. Dr. X mentions the X. In the reviewer’s opinion, this documentation aspect is addressed with the X to date, including X. X is reportedly X. There is mention of X. However, the reviewer is not aware that ODG X. In this instance, the provider found a X, was X. The provider then reasonably attempted to X. Dr. X cites the X decision for the X is not recommended as a X in ODG”. As noted above, the decision to X was not as a X. Additionally, despite the X and X recommendation for X. The X then released a X where specifics regarding X. While X understand the ODG Guideline about X based on the X, the X recommendations were X. The FDA then subsequently offered guidance regarding X. ODG Guidelines cites a X for the basis of denial when the X those recommendations and

its decisions regarding X recommendation. It is the reviewer's opinion that 1) this X was not X 2) that there is X.

In summary, this claimant X. Claimant has X had a X. Denials of the X and 2) ODG Guidelines are not felt applicable for the reasons outlined above. Lastly, it is the opinion of the reviewer that the X represents a reasonable treatment decision and a prospective medical necessity for claimant's X. In closing, the requested medication is 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)**