



MedHealth Review, Inc.
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Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of X.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a X 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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who is seeking authorization for X: X. Review of the records indicate X is being treated for X.

The X office visit has injured worker being X out from X. X initially X and was X. Over the X, X has developed X. Prior to X, X complaints were X. X has had X and X as well as X without X. X symptoms are X and X to X to X. Exam reveals X. X is X. X is X to X on X with X into the X. X is X on the X at X causing X and X. X has X of X compared to the X. X is X. X are X but X. Treatment plan included X that would involve X along with X and X at the X.

The X office visit has X from X at X. Overall, X is X. X has a X along the X and X into X, but overall, is X. X are noted to show X at X to be X. Treatment plan includes X. The X office visit has X out from X and has noticed X the X. X has X that X says is X along with X that is also X. Exam reveals X. X are noted to show X with no signs of X; X appears to be X, suggesting a X at this X. Treatment plan is to X and X in X. The X office visit notes X is X from X for X. X is X. Overall, X feels that X is X. Exam reveals X on X. X show X are X, X appears to be X. Treatment plan included X, X can X as X, and X.

The X office visit notes X is now X from X and X at X for X. X was last seen in X and was X and sates that X continued to X. At that time, X began X that has gradually X to the point that X is now X that is X. X has X. X is primarily in the X that X to the X more on the X than the X. Exam reveals X. X has X of X about X. X exam reveals X. X show X to be X, X appears to be X. Treatment plan included X.

The X office visit notes X has had X without X. X is having X with X into X. Exam revealed X. Treatment plan included X and X. The X of the X has conclusions of X. The X office visit is to review the X. Exam reveals X. Recommendations note the X is likely responsible for X symptoms, which is primarily X. Treatment plan included X.

The X office visit is a X. X had X for X. X has had X of X but continues to have X and X. X is X, X is X, and X is X. Exam revealed X. Treatment plan included X. The X office visit notes X. Treatment plan included X. The X adverse determination non-certified/denied the request for X: X. Rationale states the patient previously had X. A previous X demonstrated X without any evidence of X. Guidelines to not support X. The guidelines have not been met for the requested procedure. The X appeal determination denial non-certified the request for X; X. Rationale states in the clinical record submitted for review, there was documentation of X performed on X with X. X. X or X noted. No X. There was documentation of an X that had X. There was no documentation of objective examination findings in the clinical records submitted for review. As there was no documentation of X, and there was no documentation of X, for which X is not recommended in the Guidelines, the requests for APPEAL are not medically necessary or reasonable to treat this patient's condition. Peer to peer was completed and the requesting provider indicated the X would be at X with X from X. However, X will need to resubmit the request for the appropriate procedures and address the requested services pertaining to X, plus X, X to confirm the medical necessity of these portions of the request. This was not thoroughly addressed during the peer-to-peer discussion, and it was unclear why the claimant required X and why the X was not indicated as X.

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

X

**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)**