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Notice of Independent Review Decision

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

X

REVIEW OUTCOME

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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained X on X and is seeking authorization for X. X. A review of the medical records indicates that the X is undergoing treatment for X.

The X Progress Report has X with being X. X is X and is X. Exam reveals X is able to X and X. X has X. X is X except for X in both X. X and X show X and X.

The X of the X have X of: X. Findings included X.

The X (X) of the X has impressions of: X. Findings included: X.

The X (X) of the X has findings of: X: X.

The X Pre-Authorization Decision and Rationale letter is an approval for X.

The X report has impressions of: X. This patient has a X.

The X progress report has injured worker with complaints of X. X had X. X sustained an injury in X and notes X. X has a sense of X. X has X. X with X and X. X has to X. X feels X is X. X has been X and X has had X. X has had X. Exam reveals X is X. X has X. X is able to X. X is X on the X. X is X and X. There are X. X is noted over the X and the X. The treatment plan included X: X.

The X Adverse Determination Letter states the recommendation is to deny the requested services. Deny X. X as requested by Dr. X at X. Rationale states a peer review did occur. The patient has X. It is no clarity as to why X is necessary at X. At X, there is X noted. The X reports X at X. At X, there is severe X. A X has not been completed. The guidelines have not been met for the requested procedure. No new information was provided which would warrant the requested procedure. The patient has not undergone the X. The treating provider indicated that X would send the patient for X and then resubmit if indicated. Therefore, the requested procedure X is denied. The requested X procedure is not medically necessary. A peer review did occur. No new information was provided which would warrant the requested procedure. The patient has not undergone the X. The treating provider indicated that X would send the patient for X and then resubmit if indicated. Therefore, the requested X is denied.

The X has findings of: X predicted X for the X is X. X should X the X or procedure, and X is X.

The X Appeal Determination Denial states the recommendation is to deny the requested services. Deny X. X at X as requested by Dr. X at X. Rationale states the patient complained of X and was previously treated with X. X of the X dated X revealed X. There was X. A X of the X dated X revealed X and X within the X. X to the X suggested X and there was X. An X of the X dated X revealed X within the X. There was a X. Areas of X and/or X were detailed. The patient was also cleared for X. There were also examination findings of X on examination. However, there was a lack of X evidence of X that would support the X.

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

As per ODG, "Patient Selection Criteria for X:
Recommended as an option for the following conditions with X subject to criteria below:X

As per ODG, "X Actual data -- X; X"

In this case, this X is undergoing treatment for X. X. There is a well-documented history of X and X with X. X notes X since the injury in X with X and X of the X. There is X. Exam reveals X is X. X has X. X is X. X is X on the X. X is X in X and X in X. There are X in the X and X. X is noted over the X and the X. However, detailed documentation is not evident regarding X at all of the requested X to necessitate X. The X do not support X. Detailed documentation is not evident regarding X at all of the requested X. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X is not medically reasonable or 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)