



MedHealth Review, Inc.
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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

The reviewer is a Medical Doctor who is board certified in X

REVIEW OUTCOME

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X with X as a result of a X injury. X initial evaluation with Dr. X, MD at the X. The patient complained of X. The patient was diagnosed with X. The recommendation was for X. X scan revealed X.

Initial X evaluation was performed on X by X, at X, for the diagnosis of X. The patient complained of X. The recommendation was for X. The patient received X through X, at which time X. X in X was noted. X by X. X from X. X reevaluation with Dr. X, at the X. The patient noted X. On X patient underwent an X evaluation with Dr. X. The patient

complained of X. “This happened in X. X and had X. X has been seen and evaluated and X. X because of X. The patient was diagnosed X. The recommendation was for X.

The X report dated X with Dr. X noted that the patient X. X reports X. X has X. The examination noted X. The patient was diagnosed with X. The recommendation was for X.

Office visit note dated X with Dr. X. The patient complained of X. The provider stated that X. X has had X. The X was diagnosed with X. The recommendation was for X. On X a request for X was denied by peer review by Dr. X. The rationale for denial was that X. Thus, pending the information above, this request could not be supported at this time.

The patient submitted an appeal letter stated that X and had X. A X to the X resulted in a recommendation for X. This was declined, and X. X had X and was told in X that X. This is when the X requested X again, and the request was subsequently declined X. On X the denial for the request for X was upheld on appeal by Dr. X. The rationale for denial was that detailed objective evidence that the patient had X. In addition, there was no recent office visit submitted in the medical records to validate the patient’s current condition.

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

X is recommended X for patients meeting appropriate criteria. X is preferred over X.

The medical necessity for the requested X was established. The rationale for denial was that the patient X. It was further noted that the requested X requires X. The rationale for the

denial was that X. Notable however is that the patient X. The patient then X. The rationale that the patient X is not fully supported by the medical records provided for review. The patient has X. However, X continues to note X. In addition, there are clinical findings X with X. X are X during X. The requested X is also supported as X. Therefore, the requested X 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)