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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 X 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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

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

Prior X testing included X dated X with impressions of: X.

Previous treatment has included X. Previous X included X on X.

Progress report dated X has injured worker with complaints of X after work injury in X. X has clinical symptoms of X. There is X with X. X has tried X treatments with only X including X. There is X at X, with X, and noted X. X is X. X exam revealed X. X. X is X in X and X. X are X. Treatment plan included X.

Progress report dated X has injured worker with complaints of X that X. Exam of the X reveals X. X is X in X and X. X and X testing are X. Treatment plan included X.

Progress report dated X has injured worker status X. The X is controlled on X. There is some X to the X. Exam reveals X is X. X is X, X is X, X. Treatment plan included X: X as needed to X; and follow-up.

Progress report dated X has injured worker X and doing X. X is X than it was before and is noted to be X. X is doing X with X. X has X at X and has not been able to X due to X. Exam of the X reveals X, X, X, and X. X is X. X and X testing are X. Treatment plan included X and X; X, X; work X; and follow-up.

Progress report dated X has injured worker being X status X. Still making X but has been X. X has not X. X is working with X. X reports X and X at X that X. X reveals X is X, X. Treatment plan includes X; X; and X.

Progress report dated X has injured worker noting X. X is X status X. X is still X and has X. X has X and X at X. X reveals X is X, X. X, X and X are X. Treatment plan includes X, which X received on this date; follow-up; X.

Progress report dated X has injured worker with X but has X over the least X. Has not X approved. X has X with X. X had an X at last visit with X for about X. X reveals X is X, X, and X. X and X are X. Treatment plan includes X and X.

The X dated X has the injured worker noted in the X.

Progress report dated X has injured worker with complaints of X and X. X is status X. X has X with X but notes X with X and X the X. X recently had an X. X reveals X, X, X, and X. X and X are X. Treatment plan included X of the X.

Progress report dated X has injured worker with complaints of X. X has X, but still feels X with X with X and X. X reports some X, but no X or X. X is status X of the X. Exam reveals X at the X. X is X, X, X. X and X are X. X is noted to show X, but with X, X, and X, X. Treatment plan included X.

X Pre-Certification Request dated X is for X.

The utilization review dated X non-certified the requested X with X. Primary reason(s) for determination: based on the clinical information submitted for this review, and using evidence-based, peer-reviewed guidelines references above, this request is non-certified. Given the patient had prior X and X, the request could not be supported as guidelines recommend avoiding X for X. Additionally, the patient is X of X. Peer to peer was completed without any exceptional circumstances noted. The request is thus not supported.

The utilization review dated X has the appeal request for X with X non-certified. Rationale states based on the clinical

information submitted for review and using evidence-based, peer-reviewed guidelines references above, this request is non-certified. Guidelines recommend X due to X outcomes that can be anticipated for injured workers. No additional clinical information was received to substantiate the request. Given above, and with X on the recent exam, the requested X intervention could not be supported. The prior determination is upheld.

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

The Official Disability Guidelines state, X; X, X, X, which extends into X, X); Age \leq X (otherwise consider X); avoid X and with associated X (X preferred).

This X sustained an X injury on X and is undergoing treatment for X of X, X of X and X of the X of X. X underwent a X with X on X. X presented with complaints of X. X has X, but still feels X. X reports some X, but no X or X. X is status X. Exam reveals X at the X. X is X, X, X. X and X are X. The X noted X are present about the X and X likely following a X, X of X about the X extending from approximately X, X to the X at X, it is unclear whether or not this represents X or a X; X about the X at X and X from X.

Overall, guidelines do not support a X with history of previous X. There is limited published, large-scale, long-term peer-reviewed literature that shows the X to be an effective and/or safe treatment for 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 with 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)**