



MedHealth Review, Inc.
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**Amended Report X
Notice of Independent Review Decision**

DATE NOTICE SENT TO ALL PARTIES: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

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

REVIEW OUTCOME

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

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

The X of the X has X of the X of the X with a X and X; X.

Progress report dated X has injured worker with complaints of X with X and X. X is X currently. X has X with X and X is X to the X of the X. Exam reveals X to X of the X. X and X with X is noted. There is X. X is noted X. X is X. No X is noted. X are noted to show evidence of X to X. Assessments are X. Plan is for X as the X was X and X.

The utilization review dated X non-certified the requested X for the X. Denial rationale states repeat X are not recommended for X. Therefore, the request for X for the X is non-certified.

Progress report dated X has injured worker with complaints of X with X. The X persists to the X of the X. The X is X with X and X of X. Exam reveals X to X of the X. X and X is noted with X. X and X are X. X is X and there is no X noted. X is X. Treatment plan included X.

The utilization review dated X non-certified the requested X of the X. Denial rationale states the provided X for review indicated a X of the X of the X with a X and X. The X findings are consistent with exam findings. It does not appear that X would change the patient's treatment course. In addition, the documentation did not clearly identify that the patient had an X of X prior to being recommended for X. Therefore, the medical necessity of the treatment has not been established.

The utilization review dated X is a review of the appeal for the denied X of the X. The request was again denied. Denial rationale states the X done in X indicates X. Also, documentation of adequate X has not been demonstrated to determine if X is indicated. No significant changes in

symptoms since X have been demonstrated, so there is no indication for a X of the X.

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

The Official Disability Guidelines state that X is indicated X only to assess X when X, not X. (3) (X) Routine use of X for follow-up of X patients following X is not recommended.

This X sustained an X injury on X and is undergoing treatment for X of X, current injury, X. X presented with complaints of X with X. The X persists to the X of the X. The X is X with X and X. Exam reveals X to X of the X. Full X and X is noted with X. X and X are X. X is X and there is no X noted. X is X. Previous X demonstrated X of the X of the X with a X and X, X.

Detailed documentation is not evident regarding the need for additional X of the X when X has already been identified and is consistent with the examination findings. In addition, detailed documentation is not evident regarding X and X of recent, reasonable and comprehensive X. There is no documentation of any recent X or X finding indicative of new X. Lastly, detailed documentation is not evident regarding how the updated X would change the current treatment plan. 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 is not medically reasonable or necessary for a X of the 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)**