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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 an X. A review of the medical records indicates that the X. The X. The X report has X. The X has the X. The X report has the X. X is X. X continues to have X. Occasionally, X has X. The exam reveals X. There is X. There is a X. The treatment plan included a X.

The X progress report has the X. X is X. X has X. X is X. X takes X. The exam reveals X. There is X. The treatment plan included a X. The X progress report has the X. The X is at X. X takes X. The exam reveals X. There is X. X continues to X. The treatment plan included a X. The X progress report has

X. X takes X. X continued to X. The exam reveals X. There is X. The treatment plan included X. The X progress report has the X. The current pain level is X. The exam reveals X. There is X. The treatment plan included a X. The X progress report has X. The X is rated at X. X continues with the X. X has been treated in the X. X had a X. X continues to have X. The exam reveals X. There is X. The treatment plan included a X. The X progress report has X. X states X gets X. X takes X. X is X. X notes X. The exam reveals X. There is X. The treatment plan included a X.

The X peer review states the X. It was opined that the injury of X. X has X. The ODG would X. The X utilization review X. The rationale states there are X.

The X progress report has X. X gets X. X is X. X is X. X notes X. The exam reveals X. There is X. The treatment plan included X.

The X utilization review X. The rationale states the X is X. There was no documentation of an X.

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

As per ODG, "X".

This X. A review of the medical records indicates that X is X. X is status X. The progress reports were reviewed and show X. The X.

However, detailed documentation is X. X has been X. The X. The ODG guidelines X. The documentation also supports that X. The guideline criteria have X. There is X. Therefore, the request for 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)