



MedHealth Review, Inc.
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Notice of Independent Review Decision
Amended report X

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant was injured on X when X was X. Available records give some different accounts of how the X. Claimant was initially seen at a X. X has reportedly continued to follow with the X provider, X, MD with medication management and

received X. X of the X was performed X, approximately X.” Claimant has more recently sought evaluation with X, DC on X and there was a subsequent request for X. The request was denied initially due to medical necessity and ODG Guidelines for X. A subsequent appeal was again denied by a reviewers based on the same rationale. During the appeals and discussion with requesting provider, Dr X mentions another X study dated X that demonstrated a X. That subsequent X result was reportedly X.

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

Claimant sustained injury on X as noted above. X was evaluated initially in a X and subsequently treated by X and Dr. X. There were reportedly at least X. X of the X was performed X with the specific findings of “X.” Claimant later sought additional evaluation with Dr. X in X and the recommendation and preauthorization request for the disputed X. The X were also meant to address a “X”, though no X are available that X. Initial and subsequent adverse determinations for the requested treatment were all based on ODG Guidelines that X.

Claimant sustained the X injury that has resulted in persistent complaints in X. Dr. X evaluation in X reported X. Interestingly, Dr. X reportedly indicated to peer reviewer Dr. X, that the X. X measurement of X. Dr. X requested the X. As mentioned above, no record of a subsequent X of the X performed after the X imaging has been made available for review prior or this current IRO review. The diagnosis of X. Each review to date has mentioned that “claimant has X. Of note, the review by X PT/X D.C. does X. Specifically,X”. This rationale would be applicable if any of these diagnoses were involved, but the accepted diagnosis in this case is listed on the front page of that review as X.

The exact number of X. The rationale provided by Dr X for the requested X. Dr. X reportedly wants to increase X. X assertion of a X. X request for X. It is not felt that X. The initial adverse determination is felt some X". The 2nd adverse determination has more X as noted above. However, despite the X noted, it is also X. It is further opined that the rationale for an X.

Reviewer's SUMMARY:
X.

Based upon the reviewer's summary and opinion, the requested X is not 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 X
- 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)**