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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

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of X.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

### PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an X on X and is seeking authorization for X. A review of the medical records indicates that the X is X; X. Past medical history is X on X. Past X was X, X, and X.

X notes dated X has X with X and X. X noted a X and X and X. Exam reveals X. There was X. There was X and X. There is X over the X and X. Treatment plan included X, X, X, X. X of the X and X dated X has X of: X. X of the X dated X has X of: X.

Progress report dated X has X with X and X. X noticed X and X and X and X. X is unable to X without X. X is X, X, X and increased X. X has been using X. Exam reveals X and X and X. There is X and X. Pain with X. X of the X are noted to show X and X; X or X; X, X, and X. X of the X are noted to show X or X; no evidence of X or X. Treatment plan included X with X; MRI; X, X, X; and follow-up. MRI of the X dated X has X of: X with X; X; X. MRI of the X dated X has X of: X or X; X.

Progress report dated X has X with noticing X in X and X and X. Exam reveals X with X and X, X, along X, and X to X. There is pain with X. MRI was noted from X to show X with X, X, X, and X. Treatment plan included continue current X; X; follow-up. X evaluation dated X has injured worker with X, X, X, X, X and X. X is at best X out of a rating scale of X and at its X is X. X does a lot of X. Notes deficits in X, X, and X. Exam reveals X, X, X, X. X is X in all X. Treatment plan includes X x X.

X discharge summary dated X has injured worker having had X. X is discharged as a X. Progress report dated X has injured worker with X. X gets a X in the X when X walks. X has tried X and X. Exam reveals pain to X and at the X. There is a X at the X to the X. Treatment plan included an updated MRI and follow-up. MRI of the X dated X has impressions of: X about the X and X, X is demonstrated; X in

the X; X is X and there is question of X to this region, X is noted.

Progress report dated X has injured worker with continued pain. X is seen for MRI results. Exam reveals pain to X and at the X. X at the X to the X. Treatment plan included referral for X. X dated X is for determination of X, X. X is X. Exam reveals X of the X. X has X when X and X and is X. X with a X. X has a X with X of significant X or X. X is able to X, X, and X. X to X around the X. X was noted to not be at X.

Progress report dated X has injured worker with X. The X is X. X has some X, and X reports X. X takes X as needed. X is in a X and notes X has been in the X since X. X has been to X who diagnosed X with X on the X and X. X is X, weight X, and X. Exam of the X with X. There is X about the X and X. There is X. X is X. X are noted to show: X at the X. MRI of the X is noted to show: X; X. Treatment plan includes X and X out of X, recommend X, and follow-up.

The utilization review dated X non-certified the requested X. Rational states this injured employee has previously X for the X and X. The extent of previous X provided and its efficacy, is unknown. However, considering the previous treatment with X, at this point the injured employee should be able to continue on their own with a X program. The utilization review dated X non-certified the requested X. Rational states it was unclear as to how many X had been completed to date or if the claimant was unable to perform a X. As such, the request for X is non-certified.

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

This is a X sustained an X on X, is seeking authorization for X and is undergoing treatment for X. X presented on X with

X. The pain is X. X has some X, and X reports X. Exam of the X reveals X. There is X about the X and X. There is X. X is X. MRI of the X dated X has X of: X is noted.

However, the date of injury is noted to be X, and X has been X since the time of X. Detailed documentation is not evident regarding how many X in X has had since the beginning of treatment. There is documentation of X including an evaluation on X and X note dated X. X was subsequently discharged on X, as X reportedly X. This would typically be considered non-compliance with medical treatment. There is limited documentation of clinical issues that do not appear to be able to be addressed by an X. Rationale for other than a X and X is not demonstrated at this time. 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 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)**