



MedHealth Review, Inc.
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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]:

The injured worker is X who sustained an injury on X. The injured worker was diagnosed with X.

Prior treatment included X. Prior to the X, on X, the injured worker reported X. On X, the injured worker reported X. On

X, the injured worker reported X. On X, the injured worker reported X. The injured worker reported X after the X. Pertinent X include X. On X, X were X. X was noted at X.

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

Official Disability Guidelines- Treatment for X, X: X
ODG by MCG, Last review/update date: X, X, X: X: X, X,
recommended as indicated below for carefully selected
patients with proven X, following X (X). X evidence, primarily
X, has challenged procedural efficacy, which is not without
complication risks. Criteria for X:

- (1) X
- (2) X
- (3) X

Per evidence-based guidelines, and the records submitted,
this request is non-certified. Criteria for X: (1) Absence of X."
In this case, there is X to the X accompanied by a X on X.
Moreover, although current records claim X after the X, a
review of X records shows X, with a return to X.
Furthermore, there is no record of X following the X. The
request is not shown to be medically supported. Therefore,
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
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)**