



MedHealth Review, Inc.
422 Panther Peak Drive
Midlothian, TX 76065
Ph 972-921-9094
Fax (972) 827-3707

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 X is undergoing treatment for a X.

X of the X dated X.

Progress report dated X has injured worker with having sustained a X. X had X. X has X. X has X. The exam reveals

X. There is X. X are noted to X. An X of the X dated X was noted to show X. The treatment plan included an X.

Progress report dated X has injured worker being X. X had X. The exam reveals X. There is a X. X exam are X. The treatment plan included X.

Peer Review Report dated X. The denial rationale states per the available medical record, there does not seem to be any mention of X. Per ODG guidelines, X.

Progress report dated X has injured worker with X. The X is X. The X is made X. Exam reveals X. The treatment plan includes a follow-up.

Peer Review Report dated X. The denial rationale states the cited guidelines require X. Therefore, the request for X.

Progress report dated X has injured worker with X. The X. X is X. Exam reveals X. The treatment plan included a follow-up.

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

As per ODG, "Recommended as an option for X.

Criteria for X:
X."

This X sustained an X. X presented on X. X has increased pain with X. The exam reveals X. There is X. The mechanism of injury was noted as a X. X had an X. X followed up on X. The exam reveals X. There is a X. X exam are X.

However, detailed documentation is X. X is noted to have X. However, The ODG guidelines state an indication for X. The medical documentation provided for review X. The guideline criteria X. There is X. Therefore, the request for 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)**