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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 injury on X and is seeking X. A review of the medical records indicates that the injured worker is X.

X dated X has impressions of X.

X dated X has impressions of.

Progress report dated X has injured worker with being seen for the results of the X. X continues to have X. X continues to X. This is followed X. The exam reveals X. There is X. There is X. There is X. There is pain with X.

X of the X.

New patient report dated X has the injured worker with X. X has most of it in X. The pain is rated at X. The pain prevents X. X has tried X, had a X. The exam reveals X with X. X with X. X is X. X has a X. Going from X, X. The treatment plan included X.

X dated X.

Progress report dated X has injured worker has had a X performed. X has primarily X. X has X. On the last visit, X, X had a X. The leg pain is X. The exam is noted to be the X. X has an X. X has a X. X is X. There is a X. The treatment plan included a X.

Clinic note dated X states a X. The necessity of X. This is to allow the determination if this is the X. The patient has X. The X showed X. This is a X.

The utilization review dated X. The denial rationale stated the claimant has X. ODG does not recommend X. The reported plan of treatment is a X. The request for the X.

Clinic note dated X is in regard to the denial of the X. The X demonstrated X. The X was denied as the patient does not have an X. Why this simply means that X.

The utilization review dated X. The denial rationale stated there is no evidence of X. The guidelines do not support this type X. There appear to be X.

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

As per ODG, X. Diagnostic X are not recommended X. Indications for X.

This X sustained an injury on X, is seeking X. X presented on X, with X. X has most of it in X. The pain is rated at X. The pain prevents X. The exam reveals pain with X. X with an X. X is X. X has a X. Going from a X. X. The X revealed X.

However, detailed documentation is X. There is no clear history of X. The Official Disability Guidelines do not recommend X. X generators including at the X. There is no compelling rationale presented or X. Therefore, the request for a 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)**

