



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

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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 case is regarding a X who sustained an X on X and is seeking authorization for a X. A review of the medical records indicates that the injured worker is X. Per the progress note dated X, the injured worker was

X. Previous treatment has included X. Previous X included X.

X testing of the X dated X had X.

Progress report dated X has the injured worker with X. The X with X. The exam reveals X. There is a X. The treatment plan included an X. X was X.

The Utilization Review dated X. The rationale stated the records noted that the claimant received prior X. The total number of X.

X testing dated X has X. There is X. Overall X and these X .

Utilization review dated X. The rationale stated it is X. X to X. There is X.

Progress report dated X has the injured worker with X. There is X. The exam of the X. There is a X. X is X. The treatment plan included X.

Progress report dated X has the injured worker X. X has been X. X does X. The exam reveals X. There are X. There is X. X is X. X is X. The X studies were noted to X. The treatment plan included X.

Designated Doctor's Examination dated X has the injured worker with X. The symptoms are X. The pain is X. The pain radiated X. Associated symptoms

include X. X wakes in the X. X factors include use of X. X chief complaints are X. Either the X. X is able to X. Typically, the X. X has X. X is about X. X also has X. The symptoms are the X. The exam revealed a X. X were all X. X was X. X was performed at X. There was X. X is X. X was X. X was X. The X was X. X was noted to X.

Progress report dated X has the injured worker X. X reports X. X. The exam of the X. The treatment plan included X.

Appeal Request Denial dated X. The rationale stated current X. It is X. Additionally, X.

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

This is X who is undergoing treatment for X. X presented on X with X. There is X. The exam of the X. There is a X. X is X. However, detailed documentation is X. The documentation does X. Additionally, the exam findings X. Moreover, the X testing dated X was noted to be an X. There is X. Therefore, the request for 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 X 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)**