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## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES: X**

**IRO CASE #: X**

**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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a X who sustained an industrial injury on X. The injury occurred when a X.

The MRI of the cervical spine without contrast dated X showed X. According to the initial evaluation by X, DO on X, there was documentation of chronic persistent left neck, shoulder, and arm pain having failed X. The individual has decreased neck range of motion and persistent pain. X stated X did not want to take medications. Therefore, X only option was a X as X did not want surgical intervention. There was moderate pain with decreased neck ROM and pain radiating into the left arm and hand.

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

X.

In this case, although the individual has neck pain with positive findings and a recent MRI revealing bulges, it did not express substantial signs of nerve root compression to confirm the radiculopathy at the

requested level. Therefore, the prospective medical necessity of a 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)**