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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 for a X claimant who sustained an injury on X. The mechanism of injury is not listed. Diagnoses include reflex sympathetic dystrophy of upper extremity, neck pain, and long-term (current) use of opiate analgesic. There is a request for a X.

A progress note dated X reported the claimant has right upper extremity pain. The condition is chronic, ongoing. The claimant has low back pain. Pain is rated X. X improved function in activities of daily living (ADLs). Medications include X. Past medical history/comorbidities include X. The claimant has an X. Physical exam revealed that X. The current X. Elective X. There is a plan to X.

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

Indications for X are considered medically necessary when used to deliver drugs for the treatment of: X. If treatment is determined to be medically necessary, as with all other treatment modalities, the

efficacy and continued need for this intervention and X should be periodically reassessed and documented.

Per ODG "Recommended only as an X." In this case, the claimant has X. In general, X are not supported by guidelines as well as the documentation provided. The request for 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)