



MedHealth Review, Inc.  
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## Notice of Independent Review Decision

### Amended Report X

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]:

Injured worker is a X who sustained an injury on X. The patient was diagnosed with unspecified dorsalgia, and sprain of joints and ligaments of unspecified parts of the neck. A progress report dated X identifies that the physical examination revealed a X. Prior treatments include X. The medical report identifies that the patient received X is being considered.

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

X.

Per ODG, there must be documentation of X. There should be documentation of X. No more than X. X should not be performed in X.

The patient was diagnosed with unspecified dorsalgia, and sprain of the joints and ligaments of unspecified parts of the neck. Within the medical information available for review, there is documentation of a request for X. Additionally, the progress note dated X identifies that X. Also, there is documentation that a X is being considered. However, there is X. Therefore, the requested 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)