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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 and is seeking X.

Previous treatment has included X.

Progress report dated X has the injured worker with left-sided low back pain rated X and is better than it was at the previous visit. The pain is pressure-like and radiates to the left lateral thigh. The X increased their functional level. The exam reveals X. X are tender to palpation bilaterally. The lumbar range of motion in X. X on the left eliciting shooting pain radiating down the leg along the distribution of the sciatic nerve. The X is absent. There is X. Strength is X. The treatment plan included X.

Progress report dated X has the injured worker with left-sided low back pain rated at X and is the same as last visit. The pain is pressure-like and radiates to the left lateral thigh. The X has increased their functional level X. The exam reveals X. X are tender to palpation bilaterally. The lumbar range of motion in X. X is positive on the X. The left patella reflex is absent. There is decreased X. Strength is X in the left hip

flexors, hamstrings, and ankle dorsiflexor/tibialis anterior. The treatment plan included X.

Progress report dated X has the injured worker with left-sided low back pain rated at X. The pain is better than it was at the previous visit. The pain is pressure-like and radiates to the left lateral thigh. The X increased their functional level. The exam reveals X. X. The lumbar range of motion in X. X is X. The X is X. There is X. Strength is X in the left hip flexors, hamstrings, and ankle dorsiflexor/tibialis anterior. The treatment plan included X.

Initial Physical therapy report dated X has the injured worker

X. The exam reveals X. X are tender to palpation bilaterally. The lumbar range of motion in X. X is X. The left patella reflex is absent. There is X. Strength is X in the left hip flexors, hamstrings, and ankle dorsiflexor/tibialis anterior. The treatment plan included follow-up.

Progress report dated X has the injured worker with low back pain rated at X. It is better than it was at the previous visit. It does radiate to the left lateral thigh. X notes increased functional level with the X. The exam reveals tenderness with palpation at the left and right lumbar paraspinal muscles. X are tender to palpation bilaterally. The lumbar range of motion in extension and side-bending causes pain over the facet joints. X is X. The X is absent. There is X. Strength is X in the

left hip flexors, hamstrings, and ankle dorsiflexor/tibialis anterior. The treatment plan included follow-up in X months.

The utilization review dated X non-certified the requested X. The rationale states the claimant has X are not medically necessary. Therefore, the request for X is non-certified.

The utilization review dated X non-certified the requested X. The rationale states the patient has complaints of low back pain. The case notes indicate that the patient has been approved for X. However, there is X. Furthermore, the patient reports being independent with X home exercise program.

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

In this case, this X sustained an industrial injury on X and is seeking X. X underwent a X on X with noted benefits including increased functional level.

X followed-up on X with low back pain rated at X. It is better than it was at the previous visit. It does radiate to the left lateral thigh. The exam reveals X. X are tender to palpation bilaterally. The lumbar range of motion in X. X is X. The left patella reflex is X. There is decreased light touch sensation at the nerve

root X. Strength is X in the left hip flexors, hamstrings, and ankle dorsiflexor/tibialis anterior.

However, there is X. X objective exam findings have not significantly changed since at least X. The physical therapy evaluation dated X corroborates decreased ranges of motion. However, these are not further noted on the subsequent treating physician examinations. Overall, rationale for other than a prescribed and self-administered protocol is not demonstrated at this time. 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)**