



MedHealth Review, Inc.  
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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]:**

The claimant is a X with a date of injury of X. The mechanism of injury is related to climbing. Identified comorbidities include BMI of 40.24, rhabdomyolysis, anxiety, depression, hypertension, Lupus, and rheumatoid arthritis. Prior treatment has included X.

MRI of the lumbar spine without contrast dated X notes that at X. At X. At X. At X. At X is noted. The visualized paravertebral tissues demonstrate no significant abnormalities.

Follow up visit report dated X notes that the claimant presents with a history of X. The pain is described as constant, sharp, and shooting. Claimant reports difficulty with activities of daily living, including cooking, cleaning, and doing laundry. The claimant has participated in X. The claimant continues with residual, axial pain, and non-radiating low back pain. On examinations, there is full range of motion without restriction. Motor strength is X in all major muscle groups of lower extremities. Sensory testing shows normal light touch sensation the lower extremities, with reduced sensation in the right leg. Deep tendon reflexes are normal, with a down going Babinski sign and a positive straight leg raise.

The claimant is diagnosed with chronic pain syndrome, X. The pain appears to originate from the joints, as there is tenderness noted during examination, exacerbation of pain upon hyperextension and rotation of the spine. The pain is primarily non-radicular in nature. The claimant has X. The pain has persisted for more than X. Furthermore, there is no evidence that this pain is related to an acute process. Therefore, X are recommended. These X.

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

Per ODG, diagnostic for X. Diagnostic X is needed to confirm for that joint as the source of spinal pain. Initial diagnostic block is recommended to diagnose the pain (X are necessary to diagnose the pain). The patient should be a candidate for X. Treatment includes only X. In this case, the provocation signs are not noted and there is no indication that the facet mediated pain is the primary source of pain. The imaging studies show other possible sources of symptoms. There is no indication that these other potential sources of current pain have been ruled out. Therefore, 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)**