



MedHealth Review, Inc.  
422 Panther Peak Drive  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax (972) 827-3707

## 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]:**

Patient is a X claimant with date of injury X, mechanism of injury is described as a rear-end MVA. The diagnosis is sprain of lumbar and cervical spine. Patient complains from constant pain in the neck, left more than right. X reports the intensity of the pain of X. Constant pain in the low back and into both buttocks. X reports the intensity of the pain X. X also reports numbness and tingling into both lower extremities. The claimant's required PDL is medium, the reports state the claimant's current PDL is light-medium, to medium.

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

Per evidence-based guidelines, and the records submitted, this request is non-certified. The claimant has completed X. The claimant continues with moderate mental health scores. Dr. X indicated the claimant needed X, however, the note from X, LPC does not indicate X. The FCEs available show the claimant has X. There is no indication X cannot continue to progress on X own with the X. Dr. X expressed confidence that a change to X. Therefore, this 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)**