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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 authorization for a X.

Prior diagnostic testing included magnetic resonance imaging of the lumbar spine dated X has impressions of X. X-rays of the lumbar spine dated X have findings of a X.

Previous treatments completed include X on X (X months of X relief), on X (X relief for X months), on X (X relief), and on X (X); X. Previous surgeries included right wrist, right rotator cuff repair in X, and lumbar laminectomy in X. Progress report dated X has the injured worker with bilateral low back pain with bilateral lower extremity radiation. The pain is aching, rated X, and worsening. The exam reveals an X. There is X. Range of motion is flexion X degrees with pain and extension X degrees with pain. Strength is intact. Reflexes are X in the right knee and absent in the left knee and bilateral Achilles. Sensation is decreased in the X. The treatment plan included X. Progress report dated X has the injured worker with bilateral low back pain with radiation down the bilateral lower extremities. The pain is aching, rated X, and worsening. The exam revealed an X. Sensation is decreased on the left X. Reflexes are X in the right knee and absent on the left knee and bilateral Achilles. Straight leg raise was X on the left. Strength is intact. There is tenderness of the X. There is X. There is pain with all motion. The treatment plan included a X. Procedure report dated X was for X.

Progress report dated X has the injured worker with bilateral low back pain with radiation down the bilateral lower extremities. The pain is aching and dull and rated X. The pain is improving. The exam reveals an X. There is

decreased left-sided sensation at X. Reflexes are X on the right knee and absent on the left knee and bilateral Achilles. X is noted. There is mild pain with flexion. The treatment plan included X. Progress report dated X has the injured worker with bilateral low back pain radiating to the left lower extremity thigh and shin. The pain is aching and sharp and rated X and worsening. The exam reveals a X. There is an X. There is decreased sensation on the left X. Reflexes are X on the right knee and absent on the left knee and bilateral Achilles. Strength is intact. There is tenderness of the left X. There is pain with all motion. The treatment plan included a X.

Procedure report dated X was for X. Progress report dated X has the injured worker with bilateral low back pain, left buttock pain, and left lower extremity- thigh and calf. The exam reveals a X. There is an X. Sensation is decreased in the X (knee and medial leg) and X (lateral calf/dorsal foot). Reflexes are diminished at X in the right knee and absent in the left knee and bilateral Achilles. Strength is intact. There is tenderness of the X. There is left-sided X. There is a normal range of motion that is pain free. The treatment plan included X. Progress report dated X has the injured worker with bilateral low back pain, left buttock pain, and left lower extremity- posterior thigh and calf. The pain is aching and rated X. The pain is worsening and interfering with work. The exam reveals a X. There is an X. Sensation is decreased in the X(knee and medial leg) and X (lateral calf/dorsal foot). Reflexes are diminished at X in the right knee and absent in the left knee and bilateral Achilles. Straight leg raise is X on the left. Strength is intact. The lumbar range of motion revealed X. There is pain with all motions. The treatment plan included a X.

Progress report dated X has the injured worker with bilateral low back pain with radiating pain to the left lower extremity

(anterior/posterior all aspects of the leg) and to the right lower extremity (anterior all aspects of the leg), as well as left buttock pain. The pain is aching and rated X. It is worsening and interfering with work. The exam reveals X. There is an X. There is decreased sensation on the left at the X- knee and medial leg, and X- lateral calf/dorsal foot. The reflexes are X on the right knee and absent on the left knee and bilateral Achilles. Straight leg raise is X on the left. Strength is intact. The lumbar range of motion revealed X. There is X. There is pain with all motions. The treatment plan included a X. The request for authorization first received on X was for a left sided X and X. The utilization review dated X non-certified the requested left X and X. The rationale stated X. There is no record of extraordinary circumstances that might justify an exception in this case. The utilization review dated X non-certified the requested appeal of the left X and X. The rationale stated there's no documentation of the extended duration of benefit with the X.

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

Regarding the request for the X: Official Disability Guidelines state X

In this case, this X sustained an industrial injury on X and is seeking authorization for a X.

However, detailed documentation is not evident regarding significant recent symptom worsening or deterioration of neurologic findings. There is no evidence that the prior X. Additionally, the provided diagnostic imaging studies did not corroborate pathology that correlates with the symptoms at X. Moreover, the use of X. There is no compelling rationale presented or extenuating circumstances noted to support the

medical necessity of this request as an exception to guidelines. Therefore, the request for the 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)**