

P-IRO Inc.

Notice of Independent Review Decision

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 779-3287

Fax: (888) 350-0169

Email: manager@p-iro.com

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was diagnosed with X. On X, X was X. X was evaluated by X, DO on X. The onset of symptoms was X. The next day, X was evaluated by X Workers' Compensation physician and started on a X. Two weeks after the initial incident, X started noticing pain X. When symptoms failed to improve, X was started in X. When X failed to improve, X was then evaluated by X primary care physician who advised X to return to X Workers' Compensation physician for further evaluation. X was subsequently referred to an orthopedist in X, who diagnosed X with a X. X was then subsequently referred to X and was evaluated by X, MD. Further work-up was pursued with x-rays of the X. X was also recommended to undergo a course of X -based X. X presented to Dr. X as a referral from Dr. X for further evaluation. Dr. X had first seen X on X and diagnosed X with X. An MRI had been obtained and X had been started on X. At the time of the ongoing visit, X described the pain as being about the same compared to the previous examination. Overall, the pain remained unchanged with regard to character, quality and location. It remained X. The pain started in the X. X pain was still described as X and was still associated with X, in the X. The symptoms in the X. X reported X. X continued to X. Symptoms also seemed to improve when X. X pain severity scores ranged between X. On examination, the weight was X. X was diminished to X. X testing showed X. Musculoskeletal examination noted X. An MRI of the X on X identified X. Treatment to date consisted of medications X. Per a utilization review adverse determination letter dated X, the request for X, was denied by X, MD. Rationale: "Per evidenced-based guidelines, X is recommended as a possible option for short-term treatment of X pain with use in conjunction with active rehab efforts for patients with documented X findings on examination corroborated by imaging studies or electrodiagnostic testing and after being initially X. In this case, the patient's pain remained X. The pain started in the X. X

P-IRO Inc.

Notice of Independent Review Decision

pain was still described as X. Focused examination of the X showed X. The provider will schedule for a X; however, although there was evidence of X during the examination, the medical reports submitted were limited for comparison to validate the X notes were not submitted for evaluation. Furthermore, the actual report for the X MRI dated X was not submitted for review to validate the presented findings. The request is not supported at this time. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not medically necessary. In light of this presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X is not medically necessary as the medical reports submitted were limited for comparison to validate the X rendered and actual X notes were not submitted for evaluation.” A notification of reconsideration adverse determination letter dated X by X, MD, documented that the appeal request for X was denied. Rationale: “Per evidence-based guidelines, X are recommended as a possible option for short-term treatment of X pain with use in conjunction with active rehab efforts. In this case, the pain started in the X. X pain was still described as X and was still associated with X, in the same X. Examination of the X revealed the X was X. There was X. The X test was X. A request for X was made; however, there was limited documentation with regards to the objective response to X. Exceptional factors were not documented. Therefore, no changes with the prior determination will be made as it is upheld. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was limited documentation with regards to the objective response to X.”

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

Official Disability Guidelines discusses X. This a treatment is recommended as a potential option particularly early in the course of injury when a patient has symptoms, X. The medical records do not document such a situation at this time. An alternate rationale to support this request at this time is not apparent. This request is upheld and not medically necessary at this time.

P-IRO Inc.

Notice of Independent Review Decision

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES