#### P-IRO Inc.

## Notice of Independent Review Decision

Case Number Date of Notice: 6/24/2019 11:52:53 AM CST

P-IRO Inc.

An Independent Review Organization 1301 E. Debbie Ln. Ste. 102 #203 Mansfield, TX 76063

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#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW: •** Clinical Records - X

- Peer Review Reports X
- Utilization Reviews X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X was in an X. X was diagnosed with X. On X, X presented to X, MD for a follow-up of X. X stated that X had been using X X more and was having X pain, some days better than others. On examination, the X (X). There was tenderness over the X. The plan was to proceed with an X(X). The treatment to date included medications {X(helpful), X. Per Utilization Review Decision letter dated X and peer review dated X, the request for X was denied by X, DO. Rationale: "In this case, I am unable to support the request for an X. The claimant's X was X and there is no discussion as to any prior X testing. Furthermore, they provided no history of signs or X. To the contrary, X X states that the medication X is taking is helping X greatly. As such, there is no support for an X. Therefore, the request for X (X) is not medically necessary." Per an Adverse Determination letter dated X and peer review dated X, the prior denial was X by X, MD. Rationale: "Official Disability Guidelines (ODG) states if there is failure to improve or additional deterioration following initial assessment and stabilization, X may aid in diagnostic evaluation. This request was previously denied due to a lack of discussion of any prior X testing and no history of signs or symptoms of a X. While there was note of significant X, symptoms of a X are not clearly identified. Therefore, the request for X is not medically necessary."

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

The Official Disability Guidelines discusses X, which may be indicated to indicate for possible X when part of a differential diagnosis. The medical records note that this patient has had difficulty with X and an X therefore has been requested to rule out X as the cause of the symptoms. With that said, the patient has noted that the X has been helpful. It seems much more likely in the situation that X related to X injury as the cause of the patient's symptoms rather than X. In the clinical situation as described, it appears likely that an X could result in false/positive findings. It appears unlikely that an X would result in a change in the patient's treatment course.

At this time, this request is not medically necessary and.

## 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 ODG/XX/EEG