

IRO Express Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 6/24/2019 6:16:34 PM CST

IRO Express Inc.

An Independent Review Organization

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • Clinical Record –X

• Diagnostic Data Report –X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X -year-old X who was injured in X. X was at work and was X. The diagnoses were X region; X, other site; X; and long-term use of X. On X, X was evaluated by X, MD for X pain. The pain was described as X. It radiated to the X. There were also X as well as X. The pain was aggravated by X and improved by X. On examination, there was X were limited due to pain. There was normal rotation with pain on extremes of motion. Straight leg raise test was positive X. The recommendation was for an X well as to start X. X demonstrated discordant pain response at X. Treatment to date included medications (X), X, and an X.

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

The Official Disability Guidelines discusses the principles of prescribing X X may be indicated in situations where the patient has symptoms, examination findings and diagnostic studies which correlate to confirm a X at a particular level. Such findings are not noted at this time. Given the available clinical information, it is not possible to apply the guidelines in support of this request.

Given the documentation available, the requested service(s) is considered not

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medically necessary and therefore the request is X.

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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

ODG/LSPINE/ESI