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INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated X.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated X.
3. Notice of Assignment of Independent Review Organization dated X.
4. Health Plan denial letter dated X.
5. X Physicians office notes dated, X
6. X Surgical Hospital MRI X report dated X.
7. Non-contrast MRI dated X.
8. X Orthopedic Group, LLP X MRI report dated X.
9. X medical center operation notes dated X.
10. Doctor, X, & X operative notes dated X.
11. X Orthopedic Group, LLP X evaluation notes dated X.
12. X Physicians lab req. dated X.
13. Texas Workers' Compensations work status report X.

X year old patient requests health insurance coverage for X for suspected and loose X. Clinical findings include X and mechanical signs and symptoms not responding to full measure of X treatment. MRI revealed abnormal X and could not rule-out definite X. Also noted was significant X. Patient has had several X procedures in past.

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

Criteria for X include X. Patient reported X. On exam, X noted.

Other criteria include full measure of X treatment and supportive MRI findings.

Patient in question had long course of X and X without improvement.

MRI revealed significant X. Imaging revealed X suggesting X and/or findings consistent with having had prior X surgery. Report does not rule-out possibility of significant tear which would be amenable to X.

Given the aforementioned clinical findings and that XX XX precludes consideration of X options, I believe requested services are medically indicated.

Therefore, I have determined the requested is medically necessary for treatment of the patient's medical condition.

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**
- AHCPR- 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**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**