

P-IRO Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 5/31/2019 7:50:17 AM CST

P-IRO Inc.

An Independent Review Organization

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: Clinical Records –X

- EMG and Nerve Conduction Study Report –X
- Utilization Reviews –X
- Diagnostic Data –X

PATIENT CLINICAL HISTORY [SUMMARY]: X. X X is a X-year-old X who sustained a X X injury on X while X X from the X to a mechanical room. X was diagnosed with X, of the X X, a X muscle and X of the X X, and X of other muscles, X, and X at the X and X. X. X was evaluated by X, MD on X. X. X stated that there was a significant improvement in X, radiating to X X X after a X. Dr. X had requested X of the X X and this was denied. They were going to request an appeal for denial of the X. X also reported that X X continued to have issues as far as pain in X X and X. On physical examination, X had a full range of motion of X. X. X was seen by Dr. X on X for a follow-up on X XX injury. X complained of XX pain that radiated into the X X. X. X had an X which showed XX. X had a successful X X with X of the X without approval. At the point, X was in X. X was off work. The physical examination was unchanged. An MRI of the X performed on X showed 2 X X without X; and X could reflect positional X or developmental X. An X was conducted on X. It revealed findings compatible with X syndrome; a non-localizing XX, and XX. Treatment to date included medications (X, and restrictions with X improvement. Per a utilization review determination letter dated X, the requested service X denied. The principal reasons for denying these services or treatment were: "This case involves a now X-year-old X with a X of an occupational claim from X. The mechanism of injury is detailed as X X from the X to a mechanical room. The current diagnoses are documented as X, X, a X of muscle and tendon of the X of the X X, and X of other muscles, X, and X at the X and X. The prior treatment included a X, X, X, and X. On X, the patient underwent a X of the X. On X, the patient presented for evaluation and reported greater X with the prior X. On examination, the range of motion was X. The patient continued to have pain in the XX. The patient was recommended for a X followed by X The current treatment requested includes. The clinical basis for denying these services or treatment: Peer to peer discussion has not been achieved despite calls to the doctor's office." It was unclear of the duration of the pain relief following the X and further clarification was needed for subsequent approval. As such, the request for X, X was not certified. Per an appeal request for denied service of radiofrequency X dated X, the rationale used in making the determination was: "This case involves a X-year-old X with X of an occupational claim from X. The mechanism of injury is detailed as the patient was injured. The current diagnosis is documented as X. The patient underwent an MRI of the X, which was noted to reveal unremarkable X; no central X. During the assessment in X the patient was evaluated for continued pain in the XX. The patient had undergone a XX. The treatment plan was to obtain a X to be followed by physical therapy. A prior determination was found not medically necessary due to a lack of documentation regarding the duration of pain relief from the prior X. This appeal request is for X. A peer-to-peer discussion was unsuccessful despite calls to the doctor's office. The progress note dated X documented that the patient had significant improvement in X pain that radiated to the X X after A XX. XX have been recommended given that the XX still had issues as far as pain in the X and XX However, clarification is needed regarding whether the prior diagnostic blocks provided objective functional

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improvement to support proceeding with the X. There remained a lack of clarification regarding the duration of relief with the prior medial branch blocks. Additionally, the most recent physical examination provided limited evidence of pain related to X. As such, the request for X is non-certified. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.”

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

The Official Disability Guidelines discusses principles for X. Such treatment may be indicated for clinical symptoms suggestive of X and has had a response to a X appropriate for the duration of the X. Specific functional benefit during the time of the X may be limited to range of motion or subjective reports of pain improvement given the limited duration of benefit from a X. The medical records do clearly document benefit from the prior X treatment. The requested X is supported as medically necessary in the current setting and the decision is overturned.

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