

**P-IRO Inc.**

***Notice of Independent Review Decision***

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**P-IRO Inc.**

**An Independent Review Organization**

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**PATIENT CLINICAL HISTORY [SUMMARY]:** X who sustained an injury on X. X was working when X. X was diagnosed with X. X was seen by X, MD on X for X pain after X. The pain remained X from X. At the time, the pain was X. The aggravating factors included X. The alleviating factors included X. X stated that X was able to X pain. X was X before. X also reported X pain, X since X on the X and X on the X without any prior history of similar symptoms. The symptoms X. X stated a X and pain that was X. X also complained X pain. On X examination, there was X. X had pain throughout the X. The X was X over the X. X were X. X-rays of the X dated X showed X. Dr. X recommended proceeding with X. The X did not improve the pain, although it completely relieved the X. An MRI of the X dated X demonstrated X. The treatment to date included medications X. X, MD completed a peer review on X. There were prior denial documented as follows, "Peer review dated X recommended to non-certify the request for X. Per this report, the patient does not have evidence of X. Additionally, there were X on exam X with X. Peer review dated X recommended to non-certify the request for appeal for a X. According to this report, there is no evidence of X on imaging or X of care, including trials of X. There is also no clarification of X reports. It is also noted that the patient does not have any X. Independent Review Decision dated X recommended to uphold the decision to non-certify a X. It is noted that no additional documentation was presented to change the prior opinions. There is no evidence of X on MRI. Peer review on X non-certified the request for X. In this case, the injured worker has complaints of X pain after X. According to the most recent examination note, X has X, pain throughout the X. However, it is unclear when X last X was or if X. Also, on X, X had a X that did not improve any of the X pain or X pain though the X improved. Thus, medical necessity has not been established for the requested X.

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The provider is appealing this determination. Per an appeal adverse determination letter dated X, the request for X was denied by Dr. X. Rationale: "According to the Official Disability Guidelines, the use of X are recommended in the presence of X due to a X, but X. If after the X are given (see "Diagnostic Phase" above) and found to produce pain relief of at least X pain relief for at least X weeks, additional X may be supported. Indications for X include X of pain, or new onset of X symptoms. In this case, the provider has submitted an appeal request for a X. MRI of the X identified at X. However, it remains relevant that an initial X did not provide evidence of at least X improvement of pain and function for X weeks. A previous peer review on X non-certified the request for a repeat X based on the same reasoning. The provider has now documented that X, but failed to improve the patient's pain. The provider did not clarify the length of relief from X. Based on guidelines recommendations and without evidence of improved pain and function, the request for X remains not supported. Therefore, my recommendation is to NON-CERTIFY the APPEAL request for a X."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. X, MD completed a peer review on X. There were prior denial documented as follows, "Peer review dated X recommended to non-certify the request for X. Per this report, the patient does not have evidence of X on the MRI at the X. Additionally, there were no X on exam consistent with X. Peer review dated X recommended to non-certify the request for appeal for a X. According to this report, there is X. There is also no clarification of X reports. It is also noted that the patient does not have any X. Independent Review Decision dated X recommended to uphold the decision to non-certify a X. It is noted that no additional documentation was presented to change the prior opinions. There is no evidence of X on MRI. Peer review on X non-certified the request for X. In this case, the injured worker has complaints of X pain after X. According to the most recent examination note, X has X, pain throughout the X, and X. However, it is

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unclear when X last X was or if X has been exhausted. Also, on X, X had a X that did not improve any of the X pain or X pain though the X improved. Thus, medical necessity has not been established for the requested X. The provider is appealing this determination. Per an appeal adverse determination letter dated X, the request for X was denied by Dr. X. Rationale: "According to the Official Disability Guidelines, the use of X are recommended in the presence of X due to a X , but X. If after the X are given (see "Diagnostic Phase" above) and found to produce pain relief of at least X pain relief for at least X weeks, X may be supported. Indications for X include X of pain, or new onset of X symptoms. In this case, the provider has submitted an appeal request for a X. MRI of the X identified at X. However, it remains relevant that an X did not provide evidence of at least X improvement of pain and function for X weeks. A previous peer review on X non-certified the request for a X based on the same reasoning. The provider has now documented that previous X completely relieved the X, but failed to improve the patient's pain. The provider did not clarify the length of relief from X. Based on guidelines recommendations and without evidence of improved pain and function, the request for X remains not supported. Therefore, my recommendation is to NON-CERTIFY the APPEAL request for a X." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient underwent X that did not improve any of the X pain or X pain. Designated doctor evaluation dated X indicates that MMI is expected on or about X. The submitted X MRI fails to document significant X.

Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is upheld.

#### **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