

P-IRO Inc.

Notice of Independent Review Decision

P-IRO Inc.

An Independent Review Organization

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PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was X. X visited X, MD on X for X pain since X. The pain was mostly over the X. There was no pain above X. The X examination revealed X. There was X. X showed X. The X. The X examination showed a X at X. X were X at the X. X was decreased at the X. X had an appointment with X, NP on X for continued management of X. The pain was located over X. It was described as X. The symptoms were aggravated by X. The alleviating factors included X. On X examination, X was noted. There was X. X and X was noted. The X revealed X. X had X. The strength was X. The X examination revealed X on the X. X test was positive. A CT myelogram of the X dated X revealed X. There was X. Moderate X was noted. There were severe X. X-rays of the X dated X showed X. The treatment to date included medications X. Per a letter dated X and a peer review dated X, the prospective request for X was non-certified by X, MD. Rationale: "Understanding the date of injury, the enhanced imaging studies and electrodiagnostic study completed, and the clinical assessment presented, this request is not supported. The Officially Disability Guidelines criteria for X includes patients with X. This patient is noted to have X. According to these guidelines, X is not recommended in workers' compensation patients for X. Although, there were noted to be findings of X on electrodiagnostic studies, there was no official reported noted to be findings of a X on electrodiagnostic studies. There was no official report of this study seen in the files presented. Additionally, patients should undergo X to address any barriers that are known to X. There was no mention of any X testing in the documentation presented. As such, considering the insufficient clinical documentation presented tempered by the current evidence-based criteria noted in ODG for X, this request is not supported and therefore, not medically necessary." Per an adverse determination letter dated X and peer review dated X, the prior denial was upheld by X, MD. Rationale: "This

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request is not supported. Although, this claimant has a complaint of X pain, the progress note dated X does not include specific complaints of X symptoms in the subjective portion of this note. CT and plain radiographs also did not reveal that any X is present to support a X. Accordingly, it is unclear why a X was recommended. Considering the absence of any X, this request is not medically necessary. Furthermore, during the peer discussion with Dr. X, the provider stated that the patient had a X. An MRI was requested to evaluate the level of X. The fax number was given. No MRI was received; therefore, the request remains not medically necessary.”

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

The claimant has been followed for complaints of X. The electrodiagnostic studies noted evidence of a X. The claimant’s CT studies of the X demonstrated multi-level X. There were no other imaging studies submitted for review detailing X. The current evidence-based guidelines do not recommend X. The records also did not document X. There was also X as recommended by current evidence-based guidelines to rule out any confounding issues.

Given these issues, it is this reviewer’s medical assessment that medical necessity is not established, and the prior denials are 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