P-IRO Inc.
An Independent Review Organization
1301 East Debbie Lane Suite 102 #203
Mansfield, TX 76063
Phone: (817) 779-3287
Fax: (888) 350-0169
Email: manager@p-iro.com

PATIENT CLINICAL HISTORY [SUMMARY]: X. X had a X. X was diagnosed with X. On X, X was evaluated by X, MD for pain of X. X had extensive nonoperative treatment of the X. Although X had some short-term benefits with the X, X was experiencing recurrent pain and occasional X. On examination of the X, the X degrees and the X degrees. The X was tender to palpation. There was X. The diagnosis was X. An X of the X dated X revealed X. X was noted at the X. Broad moderate-to- X. Minimal X without confirmed X, and X was seen. Treatment to date included supervised X. Per an Initial Review Determination letter dated X and Peer Review dated X by X, MD the recommended prospective request for X was non-certified. Rationale: "This request is not supported. There is no significant traumatic injury sustained to support current symptoms of pain related to any X. X of the X only reveals X. Furthermore, physical examination on X notes tenderness at the X. This does not support a bothersome X. Considering this lack of traumatic injury history, X on X, and lack of correlation with physical examination, this request is not medically necessary." Per a Reconsideration Review Determination Letter dated X and a Reconsideration Peer Review dated X by X, MD, the recommended prospective request for X was non-certified. Rationale "The ODG recommended diagnostic X. The ODG recommends a and when there are corroborating subjective, objective, and imaging findings consistent with the X. The ODG supports a X for more complex X. Based on the clinical documentation provided, the injured worker has been diagnosed with a X. The injured worker reports X pain following a X injury. On physical examination, there is a X test. The symptoms have been X. On X, there is evidence of a X. A X would not be supported for an X but would be supported for a X, which is a more complex surgery. As it is unknown what procedure will be performed until the X is evaluated intra-operatively, the medical necessity of a X cannot be determined. Based on the ODG recommendations and provided documentation, a X is

medically necessary; however, the X are not medically necessary."

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

The ODG recommends X when there are at least X complaints, at least X physical examination findings, evidence of a X on MRI, and a X. The ODG supports the use of a X as an option for more complex surgical procedures. The provided documentation indicates the injured worker had persistent X injury. The symptoms persist despite treatment with X. There are objective findings of X test. An MRI has confirmed a X. There is no rationale provided for why X would be necessary for routine X. When noting the pertinent clinical findings, evidence of X on X, and failure to improve despite appropriate X treatment, progression to X is supported. When noting X is not a complex procedure and does not typically require a X, a X is not supported.

Based on the provided documentation and ODG recommendations, recommendation is to partially overturn the prior denial. The request for X is medically necessary and overturned and the request of a X is not medically necessary and therefore, upheld.

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

☐ TMF SCREENING CRITERIA MANUAL