

IRO Express Inc.
An Independent Review Organization
2131 North Collins, #433409
Arlington, TX 76011
Phone: (682) 238-4976
Fax: (888) 519-5107
Email: reed@iroexpress.com

PATIENT CLINICAL HISTORY [SUMMARY]: X with date of injury X. X sustained a work-related injury while X. The diagnoses included X. X, MD evaluated X on X for X pain. X reported X had done more X. The pain continued to be in its usual character and distribution. The pain level was X. X described it as a X. They allowed X to perform X activities of daily living (ADLs). The X examination showed X over the X, X. X returned to see Dr. X on X and X for follow-up visits. On X, X complained of X pain. X had a positive X test on the X. On X, the pain was rated X. X wanted to proceed with the X. The treatment to date included medications (X), X. Per a Utilization Review Decision letter dated X by X, MD, the request for X was denied. Rationale: "Regarding the requested X, a medical document dated X indicated that subjectively, the pain was described as an X on a scale of X. There was documentation of past X. Objectively, there was X over the X. For the described X, the above-noted reference does not generally support medical necessity for treatment in the form of a X as a means of management of pain symptoms related to the X. The submitted physical examination findings are not enough to support that current symptoms are related to pain from the X. Consequently, presently, medical necessity for treatment in the form of a X is not established for the described medical situation. At present, medical necessity for this specific request as submitted is not established per criteria set forth by the above-noted reference. Recommend noncertification." Per an Adverse Determination letter dated X, the request for X was noncertified. Rationale: "According to the Official Disability Guidelines, a X is not recommended for X, based on insufficient evidence. Recommended on a case-by-case basis as X. In this case, the patient complained of X pain and the patient rated the pain a X. The patient had a X over a year ago, which provided over X months of relief. The patient reported X pain relief with the prior X and a recommendation was made for a X for this patient. This request was previously denied as there was not enough examination finding supporting a X for this patient. The submitted

documentation still did not provide evidence of X on examination. There were no exceptional factors provided supporting this request beyond guideline recommendations. As such, the medical necessity of this request was not established for this patient. Based on the above documentation, the requested X is non-certified. “

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. Per a Utilization Review Decision letter dated X by X, MD, the request for X was denied. Rationale: “Regarding the requested X, a medical document dated X indicated that subjectively, the pain was described as an X on a scale of X. There was documentation of X. Objectively, there was X over the X with a X. For the described medical situation, the above-noted reference does not generally support medical necessity for treatment in the form of a X as a means of management of pain symptoms related to the X. The submitted physical examination findings are not enough to support that current symptoms are related to pain from the X. Consequently, presently, medical necessity for treatment in the form of a X is not established for the described medical situation. At present, medical necessity for this specific request as submitted is not established per criteria set forth by the above-noted reference. Recommend noncertification.” Per an Adverse Determination letter dated X, the request for X was noncertified. Rationale: “According to the Official Disability Guidelines, a X is not recommended for X, based on insufficient evidence. Recommended on a case-by-case basis as X. In this case, the patient complained of X pain and the patient rated the pain a X. The patient had a X over a year ago, which provided over X months of relief. The patient reported X pain relief with the X and a recommendation was made for a X for this patient. This request was previously denied as there was not enough examination finding supporting a X for this patient. The submitted documentation still did not provide evidence of X on examination. There were no exceptional factors provided supporting this request beyond guideline recommendations. As such, the medical necessity of this request was not established for this patient. Based on the above documentation, the requested X is non-certified.” There is insufficient information to support a

change in determination, and the previous non-certification is upheld. The Official Disability Guidelines note that the requested procedure is not generally recommended. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. Additionally, there is no documentation of any recent active treatment.

Given the documentation available, the requested service(s) is considered not medically necessary 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 GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES