

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. X sustained a X injury while working as a X. X was working in a X. X was seen by X, DC on X for injuries sustained in a work-related incident on X. X did not wish to pursue treatment with a X. X reported a X with no new injury. The X and necessitated further evaluation and treatment at the time. The pain was rated X. X weight was X pounds. Examination of the X. The X test was noted to be positive X. The X test was positive for localized X. The X was restricted in X. Per X, X would benefit from X. X sessions were needed to address X ongoing signs and symptoms. Interventional pain management consultation for the X was needed, as X had failed other X efforts. The treatment to date consisted of X. Per an Initial Utilization Review Determination Letter dated X by X, DO, the recommended prospective request for X was noncertified. Rationale: "Although the above request for pre-authorization of services, under Rule X, was pre-authorized as being reasonably required and based on evidence-based medicine, please note that the adjuster has identified a possible compensability and/or extent of injury issue that may retrospectively impact on payment of these authorized / requested services. Provider is referred to the adjuster on this, and any, matter regarding possible compensability and/or extent of injury disputes. Based on the medical documents, the X did not provide any significant long-term X. Therefore, the request for X, is not medically necessary." A Peer Review was completed by X. Based on the medical documents, the X had not provided any significant X. Therefore, the request for X, was not medically necessary. Per a Reconsideration Review Determination Letter dated X by X, DC, the recommended prospective request for X was noncertified. Rationale: "Although the above request for pre-authorization of services, under Rule X, was pre-authorized as being reasonably required and based on evidence-based medicine, please note that the adjuster has identified a possible compensability and / or extent of injury issue that may retrospectively impact on payment of these authorized / requested

services. Provider is referred to the adjuster on this, and any, matter regarding possible compensability and / or extent of injury disputes X had undergone X. X was noted to have significant amount of X. X had noted in X plan that X had failed X in the past. To continue with same or similar treatment would not appear to be reasonable or medically necessary. X had X. X had restricted X signs noted during X evaluation on X. There was no reasonable expectation that X. X was to be well versed in a X. It was expected that X would be doing X in connection with a X. X listed a diagnosis of X. That diagnosis would not be expected to have any benefit from X. A Peer Review was documented by Dr. X on X. X had undergone X. X was noted to have significant amount of X. X had noted in X plan that X had failed X in the past. To continue with the same or similar treatment would not appear to be reasonable or medically necessary. X had X. X had X signs noted during X evaluation on X. There was no reasonable expectation that X. X was to be well versed in a X. It was expected that X would be X. X listed a diagnosis of X. That diagnosis would not be expected to have any benefit from X approximately X years status post X injury. The request for reconsideration of X was determined to be not medically necessary.

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 Reconsideration for X is not recommended as medically necessary, and the previous denials are upheld. A Peer Review was completed by X on X. Based on the medical documents, the X had not provided any X. Therefore, the request for X, was not medically necessary. Per a Reconsideration Review Determination Letter dated X by X, DC, the recommended prospective request for X was noncertified. Rationale: "Although the above request for pre-authorization of services, under Rule X, was pre-authorized as being reasonably required and based on evidence-based medicine, please note that the adjuster has identified a possible compensability and / or extent of injury issue that may retrospectively impact on payment of these authorized / requested services. Provider is referred to the adjuster on this, and any, matter regarding possible compensability and / or extent of injury disputes." X had undergone X. X was noted to have significant amount of X. X had noted in X plan that X had X in the past. To continue with same or similar treatment would not appear to be reasonable or medically

necessary. X had X. X had restricted X signs noted during X evaluation on X. There was no reasonable expectation that X. X was to be well versed in X. It was expected that X would be doing X. X listed a diagnosis of X. That diagnosis would not be expected to have any benefit from X approximately X years status post X injury. A Peer Review was documented by X on X. X had undergone extensive X. X was noted to have significant amount of X. X had noted in X plan that X had X in the past. To continue with the same or similar treatment would not appear to be reasonable or medically necessary. X had X. X had X signs noted during X evaluation on X. There was no reasonable expectation that X. X was to be well versed in a X. It was expected that X would be doing X. X listed a diagnosis of X. That diagnosis would not be expected to have any benefit from X approximately X years status post X injury. The request for reconsideration of X was determined to be not medically necessary. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no documentation of significant and sustained improvement as a result of X completed to date. Given the chronicity of the injury and the extensive treatment completed to date, the patient should be well-versed in and encouraged to perform an 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