

**IRO Express Inc.**  
***Notice of Independent Review Decision***

**IRO Express Inc.**  
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**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. X was X. X X. On X, X, MD, saw X in a follow-up for the X pain. X reported difficulty with activities of daily living as X was not able to X. X also reported X during the time X, just suddenly and X pain. The pain was rated at X, radiating to the X. It was noted that all the recommended services were being denied. X had sustained a work injury on X. X underwent surgery of the X in X followed by unknown number of X. X always complained X. Apparently, X went back to work, and X continued hurting. X reported that X never was pain free and continued causing pain in X which was X. X had difficulty performing X daily activities and felt X as the insurance never took care of X. X was pending for X approval. X continued with high pain levels and had a X. X did not improve X pain. On examination, Dr. X noted X with pain, and X region. There was some X. Weight was X pounds, and basic X was normal. It was noted that the request for X were denied. Dr. X continued X and X and recommended using X. Per DWC-73 report, Dr. X kept X off work from X, which was expected to continue through X. An MRI of the X

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completed on X revealed X. The treatment to date included medications (X). Per the utilization review determination letter dated X, the request for a X evaluation (X) was denied by X, MD, with the rationale: "It is unclear the need for this request for a X for this patient. The intention of a X evaluation is to assess X for return to work. This patient has already returned to work. Furthermore, after speaking with Dr. X, she stated the patient is not back at work, and never has gone back to work. The patient continues to complain of pain, and the provider does not see any other way to help the patient without a X. The provider stated they do not have any therapy notes but do have a summary. The fax number was given to forward those records. After receiving those records, the additional records did not change the report regarding the provider's statement that the patient never returned to work. The note on X states that X did go back to work, and that notice more recent. Therefore, the request remains not supported." Per a reconsideration / appeal of adverse determination letter dated X, an appeal for a X evaluation (X) was not certified by X, MD, with the following rationale: "Official Disability Guidelines recommend X evaluations if a worker is actively participating in determining the suitability of returning to a specifically identified job. Guidelines state to not proceed with an X if the sole purpose is to determine a worker's effort or compliance and / or if the worker has returned to work, and an X assessment has not been arranged. The patient has complaints of ongoing X pain. Also, the patient is status post-X. However, there is limited documentation of objective X findings to support this request. Also, it is unclear whether the patient has returned to work due to inconsistent documentation. In addition, the only X documentation submitted was from X and did not provide X benefits from the completed X. Therefore, there is a lack of evidence to warrant the requested intervention as appropriate. As such, the request for an appeal: X is non-certified."

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

The Official Disability Guidelines recommends a X when a patient has plateaued in traditional X and when there is a question regarding the patient's ability to return to a specific job based on an employer verified job analysis. It is not clear

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that any of these criteria have been met. As noted in a prior review, first, it is unclear whether this patient has or has not returned to work. Second, a formal job description is not available. Third, it is not clear that this patient has plateaued in X. Overall considering these factors, an indication for a X is not apparent.

Given the documentation available, the requested service(s) is considered 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