



Specialty Independent Review Organization

## **IRO REVIEWER REPORT**

X

**IRO CASE #:** X

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X.

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The reviewer is a Medical Doctor who is board certified in X.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

The reviewer disagrees with the previous adverse determination regarding the X.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant was injured on X while working as a X. X was reportedly standing in X. Records note the injury to the X. X has had X. X has had MR imaging of the X". X situation has progressed to a point where a X was being pursued prompting the request for the services in question.

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

Claimant sustained injury on X as noted above. Initial treatment included X. Claimant had X. Documentation notes claimant receiving X. Persistent symptoms prompted electrodiagnostic study that demonstrated X. MR imaging of X was performed with the more significant finding of a X. X was discussed focusing on a X. Placement of a X was discussed, though claimant wished to “X”. Return to X was not available as employer X. Without the option of a modified X, approval for a X was pursued. Initial request for the required X was denied. Appeal of the pre-authorization request was also denied.

Claimant sustained a work related injury and has completed X. Persistent symptoms prompted X evaluation with a recommendation for one procedure, but claimant declined indicating that X symptoms X. Discussion occurred regarding a X. ODG Guidelines indicate that the “best way to get an injured worker back to work is with a X. ODG then continues to clearly state “...but when an employer X”. This situation is obviously the case with this claimant in that X is then allowed and recommended by ODG Guidelines.

**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 KNOWLEDGBASE**
- 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**