

True Decisions Inc.
An Independent Review Organization
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IRO REVIEWER REPORT

Date: 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: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. X stated that X. X was diagnosed with X. X was seen by X, MD on X, X presented with X. X had been doing X. X reported X. The pain X. Examination showed X. On X, X reported X. X stated that X continued to be unable to X. An MRI of the X dated X showed X. The treatment to date included medications X. Per a Utilization Review decision letter dated X and peer review dated X, the request for X was denied by X, MD. Rationale: "Per the ODG, 'X.X.' In this case, the documentation notes the claimant had X. There is also X. Therefore, the request for X is not medically necessary." Per an Adverse Determination letter dated X and peer review dated X, the prior denial was upheld by X, MD. Rationale: "The claimant presented with complaints of X. Examination of the X revealed X. The claimant had completed X. The claimant does have ongoing complaints, X. Necessity had not been established. Therefore, appeal for X is 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 X is not recommended as medically necessary, and the previous denials are upheld. Per a Utilization Review decision letter dated X and peer review dated X, the request for X was denied by X, MD. Rationale: "Per the ODG, 'X.X:X.' In this case, the documentation notes the claimant had X. There is also X. Therefore, the request for X is not medically necessary." Per an Adverse Determination letter dated X and peer review dated X, the prior denial was upheld by X, MD. Rationale: "The claimant presented with complaints of X. Examination of the X revealed X. The claimant had X. The claimant does have ongoing complaints, X. Necessity had not been established. Therefore, appeal for X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records indicate that this patient has X. Current evidence-based guidelines support up to X. When treatment X. There are X. The patient has completed X.

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:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES