

CASEREVIEW

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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:

This physician is a Board-Certified X with over X years of experience including X.

REVIEW OUTCOME:

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

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an injury on X while X was X. X was X by a X.

The main injury was to X. X suffered a X. Treatment has included X.

On X, the claimant presented to X, PA with a chief complaint of X. X current pain level at X, but with X. X had X. It was reported that X was under treatment of X. An appeal for X had been denied, however X stated X still sees Dr. X for X. X still used X. On exam X had an X. X had X. Plan: X on exam today, X on X, continue care with X. X was to have X.

On X, X, DO performed a UR. Rationale for Denial: Based on the documentation provided and as per the ODG 2020 guidelines, the requested X is not considered medically necessary at this time. Though, the claimant has a history of X, there was no documentation of any X. Additionally, there was no documentation of continuing monitoring for X. As such, the request is not considered medically necessary at this time. Therefore, X is not medically necessary. However, due to the nature of this X is recommended. X is not medically necessary. However, due to the nature of this X is recommended.

On X, X, MD performed a UR. Rationale for Denial: Based on the documentation provided and as per the ODG 2020 guidelines, the requested X is not considered medically necessary at this time as it has not been shown to X. Additionally, there was no documentation of X. As such, the request is not considered medically necessary at this time. Therefore, X is not medically necessary. However, due to the nature of this X, X is recommended. The claimant does in fact have a history of X. X findings were also not described as part of the X examination. As such, the request is not considered supported at this time. Therefore, X is not medically necessary. However, due to the nature of this X, X is recommended.

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

Based on the documentation provided and peer-reviewed guidelines, the requested X is not considered medically necessary at this time as it has not been shown to X. Additionally, there was no documentation of X. X findings were also not described as part of the X examination. Therefore, X are not medically necessary. However, due to the nature of these X is recommended.

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
- PRESLEY 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)