



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
281-836-6171**

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 case was reviewed by a Board- Certified X.

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X. X and pain. X saw X and was referred to X. Clinic visit by Dr. X dated X revealed the claimant complained of X. Pain was worse with X. X reportedly X. There was no documentation submitted with this request regarding X. The claimant had a history of a X. X exam revealed X. X revealed X. The claimant was diagnosed X. The claimant was given an X. X could not take X. X was counseled that X. On X, X returned to Dr. X for a follow up. X was improved, and the X. X had attempted X. There was no documented change in X exam with X.

Recommendation was made for X. Request was made for X.

Peer review report dated X denied the request as the claimant had X. Appeal on X was denied again for the same reason.

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

The Official Disability Guidelines (ODG) recommends X. This claimant reportedly X. There was no documentation of X notes submitted with the requests and it was noted as not helpful. As the claimant already X. Therefore, it is the opinion of this reviewer that the request for X is not medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

Official Disability Guidelines – Online Version