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IRO REVIEWER REPORT

Date notice sent to all parties: 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:

Board Certified in X
Fellow of the X
Fellow of the X
Diplomate of the 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. X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient underwent a X. The patient then underwent a X on the X on X for the X. A X MRI on X revealed the patient was status X. The X was X and had evidence of X of X without X. The rest of the X appeared X. The patient then underwent X. Dr. X examined the patient X, but as of X the patient had X. X also claimed X. X had a X in X in X and X. X had X and X in X. X also had an X in X. X was X and X were noted to be X. X exam was intact in the X was limited but X were done. X did not reproduce X. X and X were refilled. As of X, X had intermittent X. X had X. X was taking X. X and X were prescribed. As of X, a X was recommended. On X, Dr. X had X so X was looking for a X indicated X could not do at that time. X was advised to follow-up with Dr. X for continued X. Dr. X then performed X on X at the X. As of X, X had X effectiveness with X. X response to the X was not necessarily indicated, but the patient was informed X would get benefit from the X. They would continue X, but it would be X. Dr. X performed X on X, this time X. As of X, X was done at the X by Dr. X. Dr. X note of X indicated the patient X on X. X also underwent X and X on X.

Dr. X followed-up with the patient on X. X currently rated X pain at X, as well as X pain. X had X noted. X and X would be continued, as well as X. Another MRI on X indicated X. There was X. Dr. X continued to follow-up with the patient and as of X had X. X also had X pain rated at X. X continued to be a X at that time. X, and X would be continued, and they would consider an X once X could be X. The patient then indicated on X was X since X and X was down to X. X had X rated at X. In the review of systems X complained of X. X had X noted. X medications

would be continued, and they would consider an X. On X, X provided a X. A request for reconsideration was submitted and X provided another X. The patient returned to Dr. X on X. X had X. X also had X. X was currently on X. X exam findings were essentially unchanged. X medications were continued, and it was noted they would appeal the X and the patient was asked to return in X.

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

The patient is a X who reportedly sustained a work-related injury on X, over X years ago. X has reportedly undergone X, resulting in X. An X was performed on X. The patient has continued with pain to X. Treatment has consisted of X. The patient underwent a X by the requesting surgeon on X. This was then followed by an X on X. The X was removed by Dr. X on X when a X was performed. The patient has continued on X. The patient was noted on X to be X. The request was non-certified on initial review by X, M.D. on X. This non-certification was upheld on reconsideration/appeal by X, M.D. on X. Both reviewers cited the evidence based Official Disability Guidelines (ODG) as the basis of their opinions. Per the ODG,

The X examinations and multiple MRI scans have documented minimal, if any, X. There is X. Review of the available documentation is lacking regarding the X. In addition, there are X. The medical documentation also does not show any evidence of X. The evidence-based ODG have specific criteria to include documentation of X improvement in X. The request does not meet the criteria outlined above. Therefore, the requested X is not medically necessary, reasonable, or supported by the evidence-based ODG and the previous adverse determinations should be upheld at this time.

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
- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- X 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)