

**True Resolutions 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:** Pain Medicine

**REVIEW OUTCOME:**

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

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. The reported mechanism of injury was X. X was diagnosed with X. X was evaluated by X, DO on X. On X, X presented for a follow-up of X. X had experienced X. X had X. X had X. X continued to have X. The pain was X, rated X. The symptoms were X. They were X. X was X. On X, X presented for a follow-up of X. There were no significant changes since X. X initially had X. Interestingly this X. The treatment to date included X. Per an adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Peer to peer contact was unsuccessful. ODG recommends X. X must be well-documented. The claimant does not have pain in a X. A recent MRI reportedly showed X. Lastly, the claimant had X. The request is not consistent with ODG. Recommend non-certification for X. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information

for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.” Per a utilization review decision letter dated X, the prior denial was upheld by X, MD. Rationale: “Peer to peer contact was unsuccessful. According to the Official Disability Guidelines a X is not recommended unless there is documentation to support the patient has had at X. There must be documentation to support the patient has had a X. Within the documentation, the above is not noted. The physician detailed the patient was seen continue to complain of ongoing symptoms. However, the X. Therefore, it is unclear why X. Furthermore, the patient does not have X. As such, the requested X to be done by Dr. X is not medically necessary and is non-certified. Peer to peer contact was unsuccessful.”

**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 an adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Peer to peer contact was unsuccessful. ODG recommends X. X must be well- documented. The claimant does not have pain in a X. A recent MRI reportedly showed X. Lastly, the claimant had X. The request is not consistent with ODG. Recommend non- certification for X. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.” Per a utilization review decision letter dated X, the prior denial was upheld by X, MD. Rationale: “Peer to peer contact was unsuccessful. According to the Official Disability Guidelines a X is not recommended unless there is documentation to support the patient has had at X. There must be documentation to support the patient has had a return of X. Within the documentation, the above is not noted. The physician detailed the patient was seen continue to complain of ongoing symptoms. However, the X did not provide relief. Therefore, it is unclear why an

X would be recommended. Furthermore, the patient does not have the appropriate X. As such, the requested X to be done by Dr. X at X is not medically necessary and is non-certified. Peer to peer contact was unsuccessful.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient underwent X. Progress report dated X indicates that the recent X. Office visit note dated X indicates that X had no sustained benefit following X. There is no documentation of a X on physical examination.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

**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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL