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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 with date of injury X. The diagnoses were X. X was seen by X, PA-C /X, MD on X for X. X stated X was X. X reported X. X reported X. X was X. On examination, there was X. X was present on the X. X maintained X. X status was X. X were also X. There was X. Evaluation of the X revealed findings consistent with recurrent X. X was X. There was X test and X. X along the X. X previous X. X performed on X showed X. Treatment included X. Per utilization review letter dated X by X, MD, the requested services X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The progress note for this claimant dated X does not include specific complaints of X. Additionally, it is unclear what recent treatment has been provided for the X. Specifically, there is no mention of X. Considering the absence of X, this request is

not medically necessary. As the requested X is not supported, the request for X is also not supported.” Per utilization letter review letter dated X by X, MD, the requested services X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is not certified. This request is not supported at this time. Although this claimant is a complaint of X. It is unclear what recent X. Notes only indicate usage of X. There is no mention of any X. This X. This was also mentioned in the previous review. At this time, this request is not medically necessary.”

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

The ODG supports a X. The ODG supports X. The review documentation provided suggests that X. The documentation suggests that there are findings consistent with recurrent X. On examination, there is X. Aside from X. Particularly, there is no documentation suggesting that a X. Based on the ODG and available information, a X is not medically necessary.

As the X is not medically necessary, X are not medically necessary, and the request is 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