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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 who was injured on X while working as a X, when X was X. X was diagnosed with X. X underwent an X evaluation on X by X, DO. X reported X. X pain was rated X throughout X. X stated the X intervention had X with X. X had undergone X of these pain complaints. X had been diagnosed as having X. X stated that since, X had X. X could X. The prior medications including X. X admitted to X. X center for X score showed X. X risk for X. X levels were X on the X. Examination of the X revealed significant X. X was able to bring X. X had marked increased X. X had a mildly X. X were noted throughout the X. X had X. X had X. X were noted throughout the X. X had X. X had mild X. X had mild X. A follow-up note was completed by Dr. X on X. X had already noticed an improvement of X. X affect

was improving. X was improved, and X was dealing with daily activities much better. X continued to have X. X had X. X was responding favorably to X. X stated the X were not nearly as effective. X was reducing the X. X wanted definitive treatment. Dr. X indicated that the X. X ongoing status was X. Per Dr .X, X might also be a treatment option for X down the road. X had made great strides in X condition and was thankful for the progress made. Due to X. A CT scan of the X dated X showed X. A CT scan of the X dated X revealed X. There was X. An MRI of the X dated X demonstrated X. Treatment to date included medications including X. Per a Physician Advisor Report dated X by X, DO, the request for X was noncertified. Rationale: "According to the Official Disability Guidelines, an X is only occasionally recommended for a patient with X. There must be documentation the patient has been actively participating in X and that they are X. Within the documentation, it was noted this patient very recently underwent a X. The documentation does provide an indication of X on imaging; however, this was prior to X. There is no updated imaging detailing the patient had continued X warranting the requested X Furthermore, X is not generally recommended except for cases of X which is also not documented. Therefore, given all the above, the requested X is not medically necessary and is non-certified." A follow-up note was documented by Dr. X on X. Dr. X stated X was requesting a X because that was the safe level of approach. Dr. X would use a X at X. X had undergone X. X continued to have X. X had pain X. X was thankful for the progress made. X had X, and Dr. X was concerned about the development of X. The medications that X was started on, including X, were helpful. Dr. X opined that any further delay would lead to more X. X would then have to be offered. Dr. X was offering a X. X continued to have X. Further delays would only lead to X. It was certainly not in the interest of X to see that X condition would worsen leading to further X. The treatment was consistent with the Texas Labor Code as well as Texas Medical Board to use X. X and X did not want X to be on X. So, X oral X were refilled, and a request for X was made. X continued to be X as was expected, given X test. Due to X, X would require X. A Physician Advisor Report was documented by X, DO on X. The request for X was noncertified. Rationale: "According to the Official Disability Guidelines, the request for a X is not supported. While it was noted that the patient continued to have a X, the documentation provided for review failed to include an updated X. Given that the guidelines require that X has been corroborated by imaging studies, the requested services cannot be authorized on this basis. It was noted that the patient had X when X was seen on X. This would

support the need for X. However, while it was noted that the intention was to address the patient's X, given that the patient did not have updated imaging on file, and with insufficient information pertaining to the extent of X, the patient was not a candidate for undergoing a X at the time. As such, in accordance with the previous denial, the request for X is non-certified."

**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. A Physician Advisor Report was documented by X, DO on X. The request for X was noncertified. Rationale: "According to the Official Disability Guidelines, the request for a X is not supported. While it was noted that the patient continued to have a X, the documentation provided for review X. Given that the guidelines require that X, the requested services cannot be authorized on this basis. It was noted that the patient had X. This would support the need for X prior to the administration of this X. However, while it was noted that the intention was to address the patient's X. As such, in accordance with the previous denial, the request for X is non-certified." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records indicate that the patient has X. There is no documentation of any recent X. There is X of treatment completed to date or the patient's response thereto submitted for review.

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