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An Independent Review Organization
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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 sustained an X. X at X. X was diagnosed with X. X was seen by X, MD on X for a follow-up of X. X stated that X symptoms remained X. X reported constant X. Examination of the X. There were X. X and X were X. X over the X and X. An X was X. There was X. The X was X. The X was X and X. X visited X, DO on X. X had a X. X presented for X. X continued to have X. The pain was X, which was X. X could not X. Examination of the X. X was X. There was X. A referral was provided to X. The treatment to date included medications X. Per a X dated X, the request for the X release was denied by X MD. Rationale: "Per evidence-based guidelines, X. In this case, the patient had X. X had X. X presented X. The patient had a X. On examination of the X. The sensation was X. The X in the X. The range of X. There were X. X consisted of X. X dated X revealed a X. There was a X. The patient noted there was X. However, there were insufficient significant X. X was not established. X notes/evaluation was X. Also, considering the patient's X. The request is not supported. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There were insufficient significant clinical findings to support the

need for the request. X was not established. X notes/evaluation was not submitted. Also, considering the X. The request is not supported. Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced, this request is non-certified. The X revealed a X. Documentation of X was still not evident in the records provided. There were no additional medical reports submitted to overturn the previous denial of the request."

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

The ODG supports X when there are documented X. Guidelines recommend X but that X. X release is X. The documentation provided indicates that the injured worker continues to complain of X. A X documented X. Additionally, there is a X. X was X. Previous treatment has included a X. There was a X. There is a X. The treating provider has recommended a X. The provider recommended X. Based on the documentation provided, given that there was X.

Given that there has been X would not be medically necessary. As such, the requested X release are 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