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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 was injured on X when X had a X. The diagnosis was X. On X, presented to X MD complaining of X. X was able to X. The pain level at the time was X. At the X. The pain was described as X. It was better with X and X. The X had been denied and X was X. There were no significant changes since the previous office visit X. The denial of the X would be appealed to IRO. Treatment to date included X. Per a Notification of Adverse Determination dated X, the X was denied by X, MD. 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. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes as clear indication for the request was limited. There was no X report submitted for review to X and suspected X. Per guidelines, X is recommended for specific indication such as X. Per a Notification of Reconsideration Adverse Determination and a peer review dated X, by X, MD, the appeal request for X, was noncertified. 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. X presented X. A request for appeal X. Given the X. Per guidelines, X is recommended for specific indications such as X. In this case, the patient complained of X. On X, there was still X. No sign of X. No X. No X. On X, X rated X pain as X. X presented X noted in the X. A request for X. Given the age of injury, the provider did not submit an updated X to document X. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes as clear indication for the request was limited.”

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 a Notification of Adverse Determination dated X, the X of the X was denied by X, MD. 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. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes as clear indication for the request was limited. There was no X report submitted for review to X. Per guidelines, X is recommended for X. Per a Notification of Reconsideration Adverse Determination and a peer review dated X, by X, MD, the appeal request for X, was noncertified. 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. X presented X. A request for X was made. Given the age of injury, the provider did not submit an updated imaging study such as X-ray to document X. Per guidelines, X is recommended for specific indications such as X. In this case, the patient complained of X. On X, there was still X. No sign of X. No X. No X. On X rated X pain as X. X presented X. A request for appeal X was made. Given the age of injury, the provider did not submit an updated imaging study such as X-ray to document X. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes as clear indication for the request was limited.” There is insufficient information to support a change in determination, and the previous non-certifications are

upheld. The submitted clinical records X that the patient presents with a condition for which current evidence-based guidelines would support the X. There are no updated imaging X reports 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 X
- 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