

IRO Express Inc.  
An Independent Review Organization  
2131 N. Collins, #433409  
Arlington, TX 76011  
Phone: (682) 238-4976  
Fax: (888) 519-5107  
Email: @iroexpress.com

**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. X was X. The diagnoses were X. Per a X. X reported X. X reported that X. On assessment, X performed with X. X would benefit from X. X was X. According to the Office Visit by X, MD dated X, presented for follow-up having X. X continued to have X. The pain was noted at the X. The examination of the X. This X. There was a X. The pain was X. There were X. The X. There was X. This means that X. This was the X. This was what was meant by X. X was noted with X. Again, this was X. Per X. This would X. This was X. Also, X would X. X was for an X. X would require X. An X by the X. This was a medical necessity. Current X. Magnetic resonance imaging (MRI) of the X showed X. Treatment to date included X. On X, the 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. There were X the request as there was X. Also, X is needed for the X. There was X if the patient had a X. Given these, the requested X is not supported. As the proposed X is not supported, the X are also not supported." A peer review was conducted by X, MD on X, in which X. This

injury X. The mechanism of injury was described as X. It was better described in a X. This would provide a X. This is a X. So, X has an X. Also, relevant, is that X exams documented typical findings of a X. Finally, there was a X. Also considered, was that X pain has been X. Given all the provided records, the extent of injury is X. Some of the MRI findings are X. The X in the incident, however, the X. When this part of the X. So, the X. The remainder of the MRI findings are X. These X. None of these conditions are X. These are X. The X is a very common incidental finding in someone of X. The X is another word for X. The claimant sustained a X. this resulted in the X. X has X. These are all X that are not causally related to X mechanism of X. Treatment for X is X. Specifically, X should X. To date X has X. X should be sent for an X. If X requires X. I see no X. the claimant has some X. X should be X. These restrictions are still appropriate because X has a X. There was X. X were incidentally noted only, all of X complaints and exam findings are explainable by X, which is a X. There is no documentation to suggest this was already present or causing symptoms prior to X incident.” On X the appeal request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, X is indicated in patients with X. In this case, the patient presented to X denial. X presented for follow-up having X. X continued to have X. The pain was noted at X. In regard to X. The examination of the X. This caused X. There was a X. The pain was X. There were X. A request for Appeal request for X was made. Although the X may warrant the need for the X), significant X was not established. Furthermore, X that is directed towards X was also not established. Lastly, given the patient's X and that X had a X. The prior non-certification is upheld. As the proposed X is not supported, the X are also not supported.”

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

The ODG supports X for X when X are met and when there are X. The ODG supports a X. The ODG supports a X. Based on the clinical documentation provided, the X. The MRI confirms the X. There is X. The treatment has included X. X, there is X. There were X. As there was X would not be supported. Based on the ODG recommendations and available information, a X is not medically necessary. The ODG does not support a X. Based on the clinical

documentation provided, the X. It is unclear if the requested X. As X is not medically necessary, the X is not medically necessary. The ODG supports use the X following X. Based on the clinical documentation provided, the injured worker is being considered for a X. As X is not medically necessary, the X is not medically necessary. Therefore, the request 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