P-IRO Inc.

Notice of Independent Review Decision

P-IRO Inc.

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 is X who sustained an injury on X. While at work, X. X continued to X and X on X from the injury. The diagnoses included X. X was seen X, on X. X had a history of X. At that point, X was X, but had been unable to work since that point. X reported X. X was working, but X. X reported X. The pain was X, as X reported X. X was noted to be X. Physical examination was notable for X. X tests were positive on X. Per the note, an X of the X on X showed X. Per the note, X study was X. Treatment to date included X. Per an adverse determination by X, on, the request for X was non-certified. Rationale: "Official Disability Guidelines (ODO) by MCG Health states that X are generally not recommended. On a case-by-case basis, they may be utilized for X that is thought to X. The documentation provided detailed that the patient X. X had X. The X provided X for X. Upon physical examination, there was X. The X stated that the patient X. X also recommended X. It was unclear as to how X would X, therefore, the request would not be supported without clarification. "Per an appeal determination denial by X, MD on X, the request for X was non-certified. Rationale: "Guidelines do not recommend X. Current research is minimal in terms of X. In this case, the documentation does not support the listed diagnosis of X. Therefore, the request for X is not medically necessary and the previous denial is upheld."

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 an adverse determination by X on X, the request for X was non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. X dated X indicates X. The submitted clinical records fail to establish that the patient presents X for which current evidence-based guidelines would support the X. The patient X on X. The patient's pain level on X, approximately X, is noted to X.
Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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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