

**IRO Express 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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. The X when X and X. The diagnoses were X. X was evaluated on X by X, MD. X had X when X, but the X. X was X and X. X had X. X had X. X had X and X. X could X. X demonstrated X. X was X. X had X and X. X diagnoses were X and X. The recommendation was X. Evaluation on X noted that X was X. X was X. X was X. The recommendation was X. An X showed X. An X dated X was X. Per a Peer Review report dated X, the request for a X was non-certified. X  
"According to ODG, X is recommended for X. X is recommended for X and X. It is X. The patient has X. Despite the X, the X was also X. The recent X was X. The medical X. Therefore, X recommendation is to Non-Certify the request for X. A

letter of medical necessity dated X indicated the X had a X. X indicated there was X. X was X with X and to X. It was also noted it was X. An appeal was submitted. On X, the appeal for X was denied. X “The ODG states the following regarding X: “Recommended for X. Not recommended as a X. It also states the following: X. In this case, there is no documentation that the X. Therefore, in the X, the request for X is non-certified. The original denial is upheld.”

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

The claimant had been followed for X. X to X. There was a X was ordered. However, there was X. It is unclear X recommendations for the X. Therefore, it is this reviewer’s opinion that medical necessity is not established.

**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