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PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury X. At work, X was X. X was diagnosed with X. On X, X was seen by X, MD for X. X had greater than X. X had improved pain control and relied less on medications. X would like to proceed with the X. X had improved the X. X was able to perform X. X was more X. X reported X. The pain was relieved by X. The pain was aggravated by X. The assessment included X not elsewhere classified, X. The plan was for a X as X met the criteria for X per ODG. Treatment to date included oral medications X that was done on X with relief. Per utilization review adverse determination dated X by X, MD the request for X was noncertified. Conclusion: "According to an office note by X, NP on X, there was documentation of the claimant having X that was done on X and reportedly provided X relief and was able to X. There was also documentation of the plan to do a X. However, there was no documentation detailing whether any pain medication X. Also, besides X, there was no documentation detailing what other functionality was achieved with the X. Therefore, the proposed treatment consisting of X is not medically necessary." Per utilization review reconsideration by X, MD on X, the request for X was not medically necessary. Conclusion: In this case, this claimant has undergone a X, which led to a X. However, the documentation does X. In addition, clear objective functionality besides X was not established. As such, this request X."

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 X. Per note dated X, the patient states during the X. X states X took the medication mainly for the surgery pain itself. X states X could do more activity. X could get X. The X was gone at that

time. The patient reports X got X. Office visit note dated X indicates that X only had to take X. X had improved X. X was able to perform X program without pain, was more X.

Given the additional clinical data, there is sufficient information to support a change in determination, the requested service(s) is considered medically necessary and overturned.

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