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PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was X. X was evaluated by X, MD on X and X. On X, X presented for X. The X, but the X pain did not X. The pain had been going for X. The pain was described as X. It was rated X. X was able to X. Examination of the X revealed X. There was X. On X, X presented for a follow-up of ongoing symptoms including X pain. The pain was rated X. X denied any relieving factors. There was no significant change from the prior X examination. An MRI of the X dated X showed no significant X. The treatment to date included medications X. Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical information provided, the request for X is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There were no X records provided submitted for review with documentation of treatment for the X and failure to respond adequately. X MRI notes X. Therefore, medical necessity is not established in accordance with current based guidelines." Per an adverse determination letter dated X, the prior denial was upheld by X, DO. Rationale: "In regard to the X pain, there is no physical examination indicating issues with X. There is X. There is no information that X. There is indication of X. Based on the lack of documentation to support the request, based on lack of information at what X the claimant has had and when, based on the X, the request for Reconsideration for X, as Outpatient is not medically necessary."

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Notice of Independent Review Decision

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

As noted in a prior physician review, the medical records in this case do not clearly document a history and examination findings suggestive of X. Moreover, it is not clear that this patient has X. Without further clarification, this request overall is upheld.

Given the documentation available, the requested service(s) is considered not medically necessary.

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