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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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: Pain Medicine

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 while working as a X. X reported that X was helping X. They were in X. When they were on the way to X, where the X. X was diagnosed with X. On X had a X by X, MD and X were requested regarding treatment planning, in particular whether referral for X would be appropriate at the time. X had a X and X complained of pain in X. The pain X and pain was X. The pain X and X. X described the pain as X and X. The pain increased with X and X. X reported that X. Pain was X. X was X. About X experienced symptoms of X. X also experienced X the treatment process of X. X was under X and had X. The X indicating X The symptoms reported at the X included X. The X score was X within the X. The symptoms reported at the X. The X

and X for Patients in X, indicating a X. The X the activity scale was X. On X examination, X appeared to have a X and X. X affect was X. In summary, the pain resulting from X injury had X. X reported X and X related to the X and X, in addition to address X. X reported X. Per Dr. X, would be benefited from a X, which would X. X should be X with both X and X as well as medication X. The program consisted of but was not limited to X and X as well as X. On X had a X. The purpose of the evaluation was to determine X. X demonstrated the ability to perform within the X. X was able to X which was below X jobs demand category. It should be noted that X job as a X was classified within the X. X to X and X. X also X, X were evaluated and X and X respectively. X indicated that X demonstrated an X. X demonstrated the X. X and X were demonstrated on a constant basis. The functional activities X should avoid within a X included X. X demonstrated the ability to perform X of the X demand of X job as a X. X was seen by X. X continued to have X. Examination showed X and X. X had X. The diagnosis was X. Dr. X ordered X and X. An MRI of the X, there was X the X. X was noted. At X, there was X the X. X and X were noted. Also, at X, there was X. There was X and X of exiting X. Treatment to date consisted of X. Per the Adverse Determination Letter dated X, the request for X was denied. It was determined that according to the Official Disability Guidelines, the recommendation for the X was not fully supported. The information provided for the review failed to confirm that X had exhausted conservative treatment measures given that the only mention of X care included an unknown number of X and X. While it was noted that X was functioning at a X and had X, the physician would need to provide further information regarding the X and X. Therefore, while it was noted that X had been denied X, additional conservative measures might be of benefit without the need for a X. Per an Appeal letter dated X by X, MA / Dr. X stated that the denied X was reviewed. The reviewer reported that the medications in the past were unknown. Medications that X took in the prior for X injury were provided in X medical records from the physicians. X was not taking medications at the point as they were not prescribing X. X from the X as noted on the X, which was X for X. X did X, which were also provided in the records. X reported X. X also had X, which would put X eligible for a X helping X with X. Per the X dated X by X, MD, the request was non-certified. X: "Per Official Disability Guideline (ODG), recommended where there is access to programs with proven successful outcomes (example (i.e.), X and medication use, X and X for patient with conditions that have resulted in 'X, Previous methods of treating X have been successful and there is an absence of other options likely to result in significant clinical

improvement. In this case, a request for authorization of a X was previously not certified because the patient was not shown to have exhausted X treatment options, beyond X. On the current review, these concerns have not been addressed. The patient is not shown to have an X. A successful X call with X, LPC was made. On peer-to-peer, it was noted that the patient was at X, but no X have been X. Concern for X was noted on peer-to-peer but that could be addressed with a X. The request was not shown to be medically necessary.”

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: Other X and X is not recommended as medically necessary, and the previous denials are upheld. Per the Adverse Determination Letter dated X, the request for X was denied. It was determined that according to the Official Disability Guidelines, the recommendation for the X for X was not fully supported. The information provided for the review failed to confirm that X had exhausted X given that the only mention of X and X. While it was noted that X was functioning at a X and had X would need to provide further information regarding the extent of the treatment other than X and medications to support that X exhausted all other treatment methods. Therefore, while it was noted that X had been denied X to the X, additional X might be of benefit without the need for a X. Per an Appeal letter dated X by X, MA / Dr. X stated that the denied X program was reviewed. The reviewer reported that the medications in the past were unknown. Medications that X took in the prior for X were provided in X medical records from the physicians. X was not taking medications at the point as they were not prescribing X pain medications. X risk of X from the X as noted on the X was X, which was X. X did X, which were also provided in the records. X reported X most of time. X also had X, which would put X eligible for a X helping X reduce X. Per the Appeal Determination Denial dated X by X, MD, the request was non-certified. X: “Per Official Disability Guideline (ODG), recommended where there is access to programs with proven successful outcomes (example (i.e.), decreased X and X, improved function and return to work, decreased utilization of the health care system), for patient with conditions that have resulted in X, Previous methods of treating X have been successful and there is an absence of other options likely to result in significant X. In this case, a request for authorization of a X was previously not certified because the patient was not shown to have X,

beyond X. On the current review, these concerns have not been addressed. The patient is not shown to have an X. A successful peer-to-peer call with X, LPC was made. On peer-to-peer, it was noted that the patient was at X, but no X have been prescribed. Concern for X was noted on peer-to-peer but that could be addressed with a X. The request was not shown to be medically necessary.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records fail to establish that the patient has exhausted X and is an appropriate candidate for this X. There is no documentation of any treatment since X when X was completed. There is no documentation of X. Peer review dated X indicates that the injury extends to include X and X. It is opined that no future care is supported to include X. The submitted functional X indicates that the patient demonstrated X which would suggest significant X and evidenced based contradictions resulting in consistency of effort X. The overall results of this evaluation do not represent a X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is upheld.

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 GUIDELINE