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IRO REVIEWER REPORT

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:

This physician is a Board-Certified X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

X: Office Visit by X, MD. The claimant presented with X. X was X. X of the X and the patient states X. X exam: X. X itself is X. X but patient reports X. X function intact in X. X: in the X, but X. X no X. X and X. Assessment: X

X: Office Visit by X, MD. The patient presents with X follow up, X. X states X. X

reports X and X. X reports X and into the X. X reports X and X. X the X due to X. X for X. Plan: 1. X.

X: Office Visit by X, MD. The patient presents with X injury follow up, X. X states X and it is X. X says X wishes to see a X. I will order EMG/MRI and have patient X. For X, I will have patient start X.

X: MRI X: broad-based X causing X and X of the X. No X. X. The X is patent. No X.

X: Office Visit by X, MD. Patient states X is constantly X. X is helping with X. X reveals X and X. X and X. X and X is X. I will refer patient to X for possible X. Renew X.

X: Office Visit by X, MD. X complains of X. X is X. X has had X and X. X has had X, constant. X: Decreased X. X is negative. X is negative. X is decreased in the X. Assessment: X. Plan: I would like to obtain an X under X. The patient will require X.

X: Office Visit by X, MD. On X, better X; however, X still gets X. Taking X. Awaiting approval for X.

X performed by X, MD. X for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This X injured X when X was X. The reported condition is considered X because X. The X exam does not include sufficient details or critical information to verify the patient's X. The patient's current medications (X) were not provided. X are done but without mention of total visit, with X. There is no documentation that the following remedies were X; there was no objective evidence that the patient was X is not X. A X (MRI) of the X documented the following: at X. A request for X was made. The request is NOT certified because the following criteria were not satisfied: the patient does NOT have a X; the request does NOT include a method to measure X improvement in activities of daily living; the request does NOT include a X, which includes X.

X: performed by X, MD X for Denial: Based on the clinical information submitted

for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Clinical findings presented were insufficient to objectively validate the presence of X. In addition, upon review of the medical reports, X state cannot be established.

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

Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is not medically necessary and non-certified. Clinical findings presented were insufficient to X. There was no objective evidence that the patient was X. The request does not include a X in X. Therefore, the request does not meet ODG recommendations.

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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)