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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:**

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]:**

The claimant is a X who was injured on X when a X. X and X onto the X. MRI of the X was performed on X and showed X in the X. There was no obvious X seen. Treatments have included X.

X: Telemedicine Visit by X, MD. The patient continued to have X despite X. X

continued to have X. X started X. Documented medications include X. The assessment revealed X. The treatment plan included X such as X referral to an X after the MRI review for possible X; the patient would be placed on X and X to help manage the X for now and follow-up in X.

X: UR performed by X, MD. Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per guideline, MRI should be reserved for patients with X or X. In this case, the patient had X. X continued to have X. A request for X of the X without contrast was made; however, there were X findings that would warrant the need for the current request. The X or X was not established. Thus, the current request is not supported.

X: Office Visit by X, MD. The patient continued to have pain in the X. X had a X. X was treated with X which only helped for X. X had a X on X of the X. It also X. Examination of the X. The X was absent. The X. The range of motion in X. Current medications: X.

X: UR performed by X, DO. Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per guideline, MRI is the procedure of choice for evaluating suspected X or X and for determining the integrity of X, particularly in X patients. MRI should be reserved for patients with X or X. In this case, the patient continued to have pain in the X. X had a X. The sensation was X. A request for appeal request for X without contrast was made; however, there were still X that would warrant the need for the current request. The X were still not established as there was no X documented from the medicals submitted to objectively justify that the patient had X or symptoms that should be evaluated with MRI. Thus, the current request is not supported.

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

Determination: Denial of X MRI without contrast is UPHELD/AGREED UPON since there is no documentation of recent X to the X; there is no documentation of X

suggestive of X there is no objective X following specific X and other than medications, there is no documentation of conservative treatment including X. Therefore, X MRI is not medically necessary.

**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)