

**Vanguard MedReview, Inc.  
101 Ranch Hand Lane  
Aledo, TX 76008  
P 817-751-1632  
F 817-632-2619**

**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 case was reviewed by a Board-Certified Doctor of 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: MRI X without X by X, MD. **Impression:** Some X with X and X. Some X with X and X.

X with X by X, MD. **Preoperative Diagnosis:** 1. X **Procedure performed:** X guided, contrast X.

X: MRI X by X, MD. **Impression:** Multilevel X. X also X. X with X.

X: Report by X, MD. **Preoperative diagnosis:** 1. X. **Procedure performed:** X of the X.

X: Operative Report by X, MD. **Preoperative diagnosis:** 1. X. **Procedure Performed:** X of the X.

X: Office Visit by X, MD. **HPI:** This is a X who presents with X. Patient presents for follow up after the X. X states the X.

X interpreted by X, MD. **Impression:** 1. X produces a X. 3. No significant X.

X: Office Visit by X, MD. **HPI:** Pain is described as X and has X. X is having X. Described as X. X is currently taking X. **Plan:** Patient is continuing to have X. X recently underwent a X. X has X with temporary relief, along with a X evaluation. I have recommended X. I will see X in follow up in X.

X performed by X, MD. **Rationale for Denial:** This X sustained an injury on X. The patient was diagnosed with X. According to the documents provided, the patient has X. The patient has had several X. The most recent X was a X. Objective findings include X. The X indicates no evidence of X. ODG recommend X when there is well documented X. The documents do not meet these criteria. Therefore, the request is denied.

X: Office Visit by X, MD. **HPI:** Pain is described as X **Plan:** Patient notes X. X shows evidence of X. X has evidence of X. X has X. X had an old X which was within normal limits. X current symptoms are suggestive of X. I think X is an appropriate next step.

X: UR performed by X, MD. **X for Denial:** The ODG state that X is recommended with symptoms/findings that confirm X. Objective findings on examination need to be present including X. In the clinical records submitted for review, there was MRI findings of X and X. At X with X of the X. At X and X. X and X also impinging the X. At X also X. At X and X. X of X with X. No X or X noted. Examination of X. X was X. X

testing was X. The patient reported X. The examination findings were minimal. X was X and X was X is not medically reasonable or necessary to treat this patient's condition.

X: Office Visit by X, MD. **Plan:** Patient is continuing to experience X. This has been X, but X is also X. X sustained a X injury in the X and has X. X has undergone a X and X. X has had X at this point without X. I discussed options including X. One of the concerns was that X does not have X. X symptoms are suggestive of this, although there has not been X. One can still have symptoms without evidence on an X. X has some X and X on the X which I relate to X. X is going to talk with X adjuster. I think at this point that the guidelines are exactly that and not absolutes which is how they are being interpreted. I would have X get a second opinion so that X could be examined and not just looked at on paper.

X: Office Visit by X, MD. **HPI:** Patient presents for follow up on the X. X has recently been seen for a second opinion. Denies any X. States the pain X. Pain level X. X has undergone X and X. **Plan:** Patient is continuing to have X. X has X when compared to the X. X has X with X. X had a recent 2<sup>nd</sup> opinion to discuss X and X was made. X are not a major issue for X and therefore, I would not consider X to resolve X problems. I would consider X as the method of choice. X has undergone X and continues to be X.

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

The request for X is denied.

This patient was involved in a X. X underwent X. X currently has X with X. X has completed X as well as X. X has had no significant pain relief from these procedures. On examination, the patient has a X. X has X. X has X in X.

The X with X. No X was identified at these levels. The X performed on X identified X with X. X and X was identified at X. The treating provider has recommended a X.

The Official Disability Guidelines (ODG) supports X to X.

Based on the records reviewed, the patient does not have X. I would recommend repeat X to confirm X consideration.

Furthermore, the patient's X will not be resolved with a X. X has X on MRI, which is not addressed with this procedure.

The recommended X 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)