

IRO REVIEWER REPORT

[Date notice sent to all parties]: 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]: This case involves a X with a history of an X. The mechanism of injury was detailed as X as well as X. The patient does have X. The documentation does indicate on X the patient underwent a X. The documentation indicated the patient had the X. The patient presented with X. The documentation indicated on X the patient was seen for X for a recommended a X program. X was noted to have received treatment with X as well as medications. X has also undergone prior imaging. X denied history for X. The

patient at this visit had pain complaints X. The documentation indicated the patient reported X and X. It was recommended X participate in a course of X. An appeal letter dated X also indicated the patient has X. The appeal letter indicated on X this patient was recommended to undergo a X. However, the patient was denied the evaluation. X continued to be in pain and therefore X was a X.

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

According to the Official Disability Guidelines a patient may participate in a X when there is documentation supporting previous methods of treating X have been X and there is an absence of other options likely to result in significant clinical improvement.. Within the documentation it is noted the patient has participated in a X indicating that X performs at a X. However, the documentation only detailed this patient has had a X. The documentation detailed X has been recommended to previously undergo a X. Therefore, it does not appear the patient has X. The provided imaging also indicated the X. Therefore, additional evaluation and treatment to X. As such, the requested X is not medically necessary and therefore the prior determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, Pain, Chronic pain programs