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## **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]:**

The patient is a X whose date of injury is X. The patient is a X who X. The patient was released to X and X. Treatment to date includes X in X sessions and X. Current diagnoses are X. X evaluation dated X indicates that current X. Treatment progress report dated X indicates diagnoses are X. The patient stated X is willing to proceed with X due to X. Current medication is X. Due to not having any X which has caused a X. The patient reports X.

**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 individual X is not recommended as medically necessary, and the previous denials are upheld. The initial request for X was non-certified noting that patient had X. This has X. If X continues to be X should be evaluated by a X. Response to denial letter dated X indicates that the patient is pending a X and has been recommended to have X. The patient's treatment team recommends that X have an X. The denial was upheld on appeal noting that many of the goals addressed in X are unrelated to the injury. The patient has not shown the X necessary for approval of additional X. The patient has X and has been avoiding X up to this point. The X, time out of work and X that X has been experiencing are very likely to change once X has had this X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has X to date. Current evidence-based guidelines would support additional sessions only if progress is being made. The submitted clinical records fail to document significant and sustained improvement as a result of X completed to date. The patient's X increased. X increased and X remained the same. Given the lack of progress, the requested individual X is not medically necessary.

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

**X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**