

***Applied Independent Review
An Independent Review Organization***

Phone

Number:

***(855) 233-
4304***

***P. O. Box 121144
Arlington,
TX 76012***

Email: @irosolutions.com

Fax Number:

(817) 349-2700

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X
Description of the service or services in dispute:

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

X

Patient Clinical History (Summary)

X who was injured on X. X was X, X and X and X. The diagnoses were X.

A X re-evaluation was conducted on X. X reported X went X and had some X and X. X continued to report X. On examination, X. X denied X. Per X, had progressed well with X previous re-evaluation. X and X had X. However, X continued to remain X. The plan was to provide X.

On X, was seen in a follow-up evaluation by X, DO. X was X and had completed X recent course of X. X stated that X was X. X was X. X did note occasionally some X. On examination of the X, the X were X. There was no evidence of X. X of X and X. The X was X. The X were X and X. The assessment was X and X. Dr. X indicated that X should be able to continue X and recommended follow-up on an as needed basis.

An MRI of the X identified X with X.

The treatment to date included X.

Per a peer review dated X and X, the request for X was non-certified. Rationale: "The X. The guideline criteria have been exceeded. The

medical necessity for this request has not been established. The request is not medically necessary.”

According to a peer review dated X and X, the appeal request was denied. Rationale: “Per the provided documentation, the prior treatment included X. A successful peer to peer with Dr. X was made. The details of the request were discussed Per the peer conversation, the treating provider indicated that the X and that this has X. The provider states that he does X, is X. As such, the request is not medically necessary.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG supports up to X. Based on the clinical documentation provided, the X. X, they have completed at least X. On X, the X, and the provider recommended continuation of X and to follow up on an as-needed basis. The submitted documentation does not include any X that would support X the guideline recommendations. There also was no X from proceeding with a X. Based on the ODG recommendations and available information, X for the X are not medically necessary. Therefore, the decision is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental
- Medicine um knowledgebase AHRQ-Agency for Healthcare
- Research and Quality Guidelines
- DWC-Division of Workers Compensation
- Policies and 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 and Treatment Guidelines Pressley Reed,
- the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters TMF Screening Criteria
- Manual

Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)