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IRO REVIEWER REPORT

Date: 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

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. The X was not available in the records. X was diagnosed with X with X. X was seen by X, X for X due to X. X reported X. X was X. X rated the pain X. X had a X and stated X got X with X. X reported X. The X and eased with X. It was X and X. X was X. The X was X. The X to the X. X felt X. The X and some X. X from the prior visit was included. X revealed X in the X. There were X and X. There was a X and X. The pain X of the X. X of X was noted. X was revealed over the X and some X. X was X with X. X examination demonstrated X and X. The X test was X at the time with X. X x-ray dated X demonstrated X. A X

recorded X with X. Treatment to date included X. Per a utilization review by X, MD dated X, the request for X was noncertified. X, "This patient's documentation does not satisfy the ODG criteria for diagnostic X. The physician's request as stated above is therefore noncertified." Per a utilization review by X, MD dated X the request for X was noncertified. X guidelines do not support X for X. There is no documented evidence of X. Thus, X are not medically necessary."

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 X guidance is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review by X, MD dated X, the request for X was noncertified. x, "This patient's documentation does not satisfy the ODG criteria for diagnostic X. The physician's request as stated above is therefore noncertified." Per a utilization review by X, MD dated X, the request for X was noncertified. X, "ODG guidelines do not support X for X or X. There is no documented evidence of X. Thus, X are not medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official X note that X are not recommended. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. There is no documentation of X treatment for X. The patient's X examination notes only X.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL