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IRO REVIEWER REPORT

DATE: X AMENDED DATE: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X AMENDMENT: 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is X who X. Reported X, which was X. Claimant reportedly X. There

was X with X. X was stated to X followed by X.

X: Impression- 1. X. 2. No X. 3. X

X: Office Visit with Dr. X. Complains of X. X reports X. X states that X is X. On initial examination: X. X is X.

On today's examination: X. X is X. X is X. States X has X. No X. Plan MRI

X: Impression- It appears as X has developed X. The symptoms X. X connected X. It is recommended X.

X: X with X. Claimant is X. X requires X. X during X. X and X. X is X. Reports X. X restricted X. X demonstrated a X.

X: Office Visit with Dr. X. After X is now ready X. PMH includes X. X is experiencing a X. X is X. X whether X will be X. X at X and with X. X, the patient is X. The X has ruled out X.

X: There does X. There are consistent X and X. X notes indicate that there was X. Without benefit from X, there X. Not medically necessary.

X: Office Visit with Dr. X. X rated at X. Provoked by X. Relieved by X. Imaging was denied X. X needed. Resubmit MRI

X: - There does not appear to X. There are consistent X. X notes indicate that there was X. X from previous X. Not medically necessary

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The previous adverse decision is Upheld. There is lack of clinical information to satisfy X. There is question of pending diagnostic testing particularly ruling out the pursuit of X. There is question regarding previous treatment with X. There is question regarding X. There is question regarding current X. Therefore, the request for X is considered not medically necessary.

AMENDMENT: The previous adverse decision is Upheld. There is lack of

clinical information to satisfy X. There is question of pending diagnostic testing particularly ruling out the X. There is question regarding X. There is question regarding previous X. Without benefit from previous X, there is X. There is question regarding X and a X. Therefore, the request for X is considered not medically necessary.

Evidence Summary

X programs that combine X. These programs are only indicated for select patients who present X. X has been shown in X and X. X are rare, and selection criteria and ideal length of X. X should involve X. X is an X. X use real or X. X and X are not intended to be X. X should be considered when it appears that X. X are less clear for X, since X should suffice, so evaluation must demonstrate significant X. As with all X. Progressing from X to other X.

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)