



Specialty Independent Review Organization

IRO REVIEWER REPORT

X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who X an X. The X. X was subsequently diagnosed with X.

A review of records documented that the patient was currently X. X treatment had included X. The X review report indicated that the patient was X.

The X indicated that the patient was seen for a X. X had a X. X had been X which had been X. X clinical exam documented X. There were X. X was X. X had X. The diagnosis included X. X was to continue X.

Authorization was requested on X of X.

The X determination non-certified the request for X. The X that there was no X. The patient had X.

The X note indicated that X. X appeared to X. X demonstrated X. X had X. X demonstrated X. Additional X. X was to continue X.

The X indicated that X. The X need was due to X. Reconsideration of the denial of X for this patient was requested.

The X determination indicated that the denial of the request for X was upheld. The X stated that the X.

The X note indicated that the patient had X.

The X indicated that the X. X clinical exam documented X. X was X. The diagnosis included X. It was noted that X.

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

The X state that work conditioning involves X. X are typically more X. Consistent with all X. X recommend X.

This patient presents X. X is reported X. Clinical exam findings have documented X. Under consideration is a request for X. The X. In this case, the patient has X. X has

reported X. There is X. There is X. Therefore, this request for X is not medically necessary.

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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

- PRESSLEY 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)**