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IRO REVIEWER REPORT

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:

This physician is a Board-Certified 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 claimant is a X who was X. The claimant was at X. X went to X.

X: Office Visit by X, MD. Chief Complaint: X. X has done X. MRI X. Physical Examination: X. X test and X test. X in all X. X and X with no X. X is intact to X. X at X. X at X. Plan: After reviewing treatment options including X and X, I

recommend proceeding with X. We will prescribe X. X was given a referral for Dr. X office as I think this is more X related.

X: Office Visit by X, MD. X has X which is more than X. X is X. The X is X. Treatments have included X and X. X Examination: X. X expected X. X has X. X: X. PROCEDURE: X. Diagnosis: X. Plan: X

X: MRI X without X. Impression: No X or X.

X: Office Visit by X, MD X: X presents for follow-up after X and X. X reports X. X is able to X and X. X is also able to X. X still has X and X. Without X. Assessment/Plan: 1. X 2. X. X will follow up with Dr. X to discuss treatment options. 3. X. Continue X and X which is helping X with X and X.

X: Office Visit by X, MD. X was seen by X for X. They placed X on a X. X did not recommend any X at this point. The patient states that X and X. Most of the X is X. X does get X. X had a X and X. X had previous x-rays of the X that were X. X MRI without X was reviewed and was X. The patient X to X and this X. Plan: The patient is having X and X. X is X from X. At this point, after X for X, which X. X would consist of X.

X: X performed by X, MD. X for Denial: Based on the clinical information submitted for this review and using the evidence-based, X referenced above, this request is non-certified. The objective findings in the most recent medical report were limited to X. Furthermore, medical reports submitted had X. In addition, there was no diagnostic report presented with evidence of X.

X: X performed by X, MD. X for Denial: Based on the clinical information submitted for this review and using the evidence-based, X referenced above, this request is non-certified. There were X and X on the most recent office visit report to X to proceed with the requested X. There was also insufficient documentation of X and/or X or X. Although X received X, there were X medical records submitted for review to validate X response. Detailed X of a recent, X and/or X and X should be considered prior to considering procedural levels of care. There were no significant objective changes in the medical records submitted to address the previous reasons for denial. Furthermore, during the peer discussion with Dr. X,

the provider stated that the patient has X. There is X. There is X. There were X with X, it was stated. There is no documentation of X. There has been X. The patient does not X. Patient does not X or X. The patient has undergone X to the X; however, the patient has X. Guidelines recommend X of X to anything in the way of X. Therefore, all of the above requests are not supported.

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

The request for X is denied.

The patient injured X. X has X in the X. X has completed a X to the X. X demonstrates X. X MRI was X.

On examination, X has X. X has X. X has no X. The treating provider has recommended X.

The Official Disability Guidelines (ODG) supports X. Patient have X and X findings consistent with X.

The X supports X for X.

This patient's examination demonstrates no X. This patient has not completed X for X. X does not have X. Therefore, the recommended X is not medically necessary.

Conditionally Recommended

Recommended as indicated below (simple X in most cases). X is not recommended unless the X is naturally present in over a X.

X for X

Body system:

X

Treatment type:

X

Not Recommended (generally)

Not recommended except following X, with X. X outcomes associated with X, or X is X.

Evidence Summary

X of X, a relatively uncommon condition, remains controversial because reported outcomes have been unpredictable. X might be beneficial for X but seems to be less successful with additional X or X. X of X noted trends towards X, but X had X. X Another X for X that there were still X and that there was X regarding X and X.

X

Body system:

X

Treatment type:

X

Related Topics:

For possibly recommended initial X, see X.

Conditionally Recommended

Recommended for X or X as indicated below, following X of X. See also recommended X. X and X are not recommended due to 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)