



**17119 Red Oak Rd
Unit # 90333
Houston, TX 77090
281-836-6171**

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 case was reviewed by a Board- Certified X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X. X was subsequently diagnosed with X. X was treated with X. MRI of X revealed a X. A follow up MRI of X revealed X. X underwent X. Follow up clinical note with Dr. X dated X for X revealed that X had X followed by X. Patient was X. X exam revealed X. X was given instruction to Follow up in X months. Peer review by Dr. X dated X and appeal letter from Dr. X dated X were also reviewed but were no related to this specific request.

This case underwent X determinations. On X, the case was found noncertified as there were no subjective or objective findings to support the request for X. Additionally, it was unclear if the X and X was insufficient. There was also no suggestion of X. On X, the case was again, found noncertified for the same reasoning.

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

According to the Official Disability Guidelines (ODG), the X must be well documented, along with objective X. In this case, there were no documented subjective X exam findings to support presence of X. There was no documentation of X. Based on the most recent follow up progress note dated X, the claimant reported that X could function with X and X, so it was not clear that X were insufficient or failed. The request was also made for X during the procedure; however, there is no subjective documentation provided suggestive of X that would support the need for X.

As such, the request for X is not medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X