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IRO Certificate #X

DATE OF REVIEW: X

IRO CASE NO. 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
Physician 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
X who sustained a X. According to Dr. X note, X, patient was diagnosed with a X. At that time, patient was X. Patient was X.

Progress note from Dr. X office, X, states patient returns for follow-up, describing X. X has been X. X has had X. X takes X. Pain is rated at X. Patient's X examination showed X. X can internally X. X has X. X has pain with X. X is X. Diagnosis is X. At that time it was recommended X

PATIENT CLINICAL HISTORY SUMMARY *(*continuation*)*
Patient X. X underwent X. Patient was noted to have significant X.

The X. After the procedure X was able to X.

On a follow-up visit with Dr. X, X, reports that patient was X. Pain was X. X were X. X of X noted. X exam was X.X. It was recommended X continue with X. The note states that a X device was ordered for the patient.

X notes report X. X was continued on X, including X. X last X visit, X, documents X.

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

Opinion: I agree/disagree with the benefit company's decision to deny the requested service.

Rationale: Agree: There is very little evidence in the literature that demonstrates significant improvement in patient's X.

Rationale: Disagree: There ***is X***. I would alternately recommend patient X. **If this X.**

The necessity of the requested service of the X, is not medically necessary at this time. Its approved use is contingent upon the results of the following: 1) X, 2)X, 3)X. If these X.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

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