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IRO REVIEWER REPORT

Date notice sent to all parties: 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:

Certified by the American Board of 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.

X

PATIENT CLINICAL HISTORY [SUMMARY]:

On X, a X MRI scan was performed on the patient for a clinical complaint and clinical history of X. That MRI scan X. On X, X Doctor performed X. Approximately X, the patient was seen in follow-up by X at X who returned X to work without restrictions. documented a X and X. On X the patient returned to X who now documented a X and that X. noted the patient's X. On X, the patient then returned to X, now complaining of X. On X, the patient was seen by X and now complained of X. X documented X. X recommended X. The patient returned to X on X, who noted that the request had been denied. X examination now documented X. then recommended X. On X reevaluated the patient noting that X procedure request had been denied. again followed-up with the patient on X, again noting that X had been denied. On X, the patient was evaluated for X of that X. X documented a X that was X. An X and then X followed-up with the patient on X, again noting that the X request had now been denied. again followed-up with the patient on X, noting that the X had also been denied, but was X. On X, a X of the request for the X based upon the patient having X. The reviewer also noted X was provided. X followed-up with the patient on X, again recommending an appeal of the denial. A X, recommending non-certification of the request, based on there being no documentation of the patient having X and no documentation of any X. On X, the patient attended X.

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

As has been clearly documented, this patient X currently being requested in X. There is no documentation of the patient

receiving any X following that procedure. In fact, the documentation subsequent to that procedure clearly is of an X and the patient's own report X. Additionally, the patient is X. X, such as this patient is. Therefore, since this patient has already had X being requested without any significant benefit and is participating in a X, X does not meet the X. Therefore, the request for diagnostic X is not appropriate, medically necessary, or in accordance with the criteria of the X and the previous adverse determinations should be upheld at this time.

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

X 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)