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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:**

Board Certified in 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]:

X examined the patient on X. X noted X. X had some X. X complaint was that X. X had been X. On exam, the X. X, but X. X did seem to have X. The assessments were X. X of X. X, M.D. examined the patient at X. X had X and had X. X stated X had X. X was X. X was X, as was X. X and X were X. X had X. AN MRI and X. They X and X was X. The patient presented for a X. X had been X when X. X had

X and X. X was X. The assessment was a X. X was X. A X MRI dated X. There was X. There were X of the X and X. There was X. The patient returned to X. The MRI was reviewed, X and X. They would refer the patient to X. X noted X. On exam, X had X. There was X. The assessments were a X. Dr. X, the X. The patient noted X. X and had X. X with X. X could X. X, but X. The MRI was reviewed and X. The assessment was a X. Dr. X noted in X. X with X was recommended. On X, a preauthorization request was submitted for X. On X, per a physician advisor report, the requested X was denied. On X, another preauthorization request was submitted, this time for X. On X, another denial for the requested X was provided.

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

The patient is a X. An MRI scan interpreted by a board-certified X and body MRI reported a X. X examination performed by Dr. X on X documented X. X recommended X. X, M.D., an X, non-certified the request on X. X, M.D. non-certified the reconsideration/appeal on X. Both reviewers attempted X review X. Both cited the evidence-based Official Disability Guidelines (ODG) criteria as the basis of their opinions.

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)