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IRO REVIEWER REPORT

Date: 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: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:
X is a X who was X. The X was not available in the medical records. X was diagnosed with X. X was evaluated by X on X for X. X stated that X was there for X. X was taking X, which was X. X continued to X. On examination, there was X. X had X and X on X. The assessment included X. The X showed a X. The X. The X. The X revealed a X and X. Dr. X recommended X. The treatment to date included X, which was X. Per an X determination dated X, the request for a X was denied by X. X: "X notes that X is recommended following X. Indications include symptoms X.

In this case, there is no documentation of X of X the X including X. Findings consistent with X are X. In addition, there is no X. Thus, the requested procedure does not meet guidelines. The medical necessity is not established. Recommendation is to deny X. Per a X dated X, the prior denial was upheld by X. X: "X Guidelines note, 'X is recommended following X. X Indications for X, if appropriate. X examination with X test and X. The patient reports X still X. Examination notes X. There is X and X on the X. The results of the X. The X. The X revealed a X. The X conduction study reveal a X. X, MRI of the X. There is also X. This is all related to X. No X is identified. X of the X as well as X. X of X of the X any X with X. X is noted with evidence of X. On the X determination, the reviewing physician non-certified the request for X. In addition, there is no X. Thus, the requested procedure does not meet guidelines. The medical necessity is not established. Recommendation is to deny X.' The provider notes X. However, there is no documentation of diagnostic evidence of X. In addition, there is insufficient documentation of X. Based on the currently available information, the medical necessity for this X has not been established. Therefore, I am recommending non-certifying the request for an APPEAL: X.

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

The X supports X when there are X. The documentation provided indicates that the X. Treatment has included X. A X examination documented X. X testing was within X. There is a diagnosis of X. The treating provider has requested a X. Based on the documentation provided, the requested X would not be supported as there is no X examination X.

Given the documentation available, the requested service(s) is considered not medically necessary and therefore upheld.

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

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

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL