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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 who sustained an X. X was X, when the patient lost X balance, and X put X to X. X was diagnosed with X. Per a visit note dated X by X, MD (X presented for X. The X continued to X. X had been X but again was X. X had X since the prior visit and was X to get X. X felt like X had X progress with X. On examination, X was X. X actually X and X much X. There was X. X was X. There was X. X remained X. X was X with X. A X for the X was X. X underwent X. On X reported X had X. X had been X with X, though X continued X. X continued to X and X. On examination of the X. X had X and X. It was noted, X had X. The X of X and X. On X continued to X. X reported being X or more X or X. X was allowed to return to X. An X was

conducted by X, on X to determine X. X results obtained during testing indicated X put X. X obtained during testing indicated X. X demonstrated the X. At the time X, however, the X. X to X. X and X were evaluated and X. X testing indicated X demonstrated X. X demonstrated the X. X, were demonstrated on a X. The X should X. X were recommended with X. X of the X showed X. Treatment to X. Per an X dated X, the request X, MD. X: "The current request is X. Per evidence-based guidelines, X is recommended as an X. In this case, the patient was X. The request is to X. There is insufficient evidence in the X to demonstrate the X. Clarification is needed the request and X. Based on the clinical information submitted for this review and using the evidence-based, X referenced above, this request is non-certified." Per an undated letter of X by X was diagnosed X. X had X. X prescribed X. It was prescribed because X had X. X would use this program as part of X. Dr. X commented, X. X will use X. Per an X letter dated X, the prior denial was upheld by X, MD. X: "Per evidence-based guidelines, X is recommended as X. In this case, the patient was X. The request is to be used X. There is insufficient evidence in the X to demonstrate X. Clarification is needed the request and how X. Based on the clinical information submitted for this review and using the evidence-based, X referenced above, this request is non-certified. The guidelines further state that X for X.

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

Based on the clinical information provided, the request X, and the previous denials are upheld. Per an X dated X, the request for X was denied by X, MD. X: "The current request is for X. Per evidence-based guidelines, X. In this case, the patient was X. The request is to be used in X. There is insufficient evidence in the X to demonstrate the X. Clarification is needed the X. Based on the clinical information submitted for this review and using the evidence-based, X referenced above, this request is non-certified." Per an X dated X, the prior denial was upheld by X, MDX: "Per evidence-based guidelines, X. In this case, the patient was X. The request is to X. There is insufficient evidence in the published medical literature to demonstrate the X. Clarification is needed the request and how it might X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The guidelines further state that X. There is insufficient

information to support a change in determination, and the previous non-certifications are upheld. Office visit note dated X indicates that X. There is X. Additionally, it is X. Guidelines note that X.
Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is 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)

☐ X, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL