

True Decisions Inc.
An Independent Review Organization
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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 was injured on X. X was a X. X on X. X was diagnosed with X. On X, X was evaluated by X, MD. X was X. When previously seen, the plan was to send X for a X to determine whether X could X. X had completed X and was having X. The X indicated that X was functioning at a X. X was recommended and X was to start X prior but X stated that there had been no progress and X would agree with X especially after an MRI scan, which was done on X revealed a X. Examination showed X. X had contraction of the X but no X. An MRI of the X dated X revealed prior X. There was X. Treatment to date consisted of medications X. Per a utilization review adverse determination letter dated X by X MD, the request for X was denied. It was determined that X. X then complained of X. The MRI showed a X. They had X. X worked on X. They acknowledged the success rate was X. The X said X had a X. They wanted to improve their X if possible. They concede the success rate would be X,

therefore, the request was not supported. Per a utilization review reconsideration letter dated X by X, MD the request for X was non-certified. Rationale: "In this case, the claimant presented with X complaint. On exam, the claimant had X. MRI dated X revealed a X. On examination, X were noted to be X was noted. However, exam does not provide findings of X. Therefore, based on lack of evidence with physical exam, the request is not medically necessary."

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

The ODG indicates that while pain relief may be achieved in most patients who undergo X. The provided documentation indicates the injured worker underwent X on X. A X MRI from X reveals evidence of the X. Per the progress note from X, the injured worker completed X. They completed a X evaluation documenting a current X. There is indication of there has been no progress with X. The X examination documents X. The provider indicates the X. They note that X, there is a X. The provider indicates they believe there is a better than X. When noting there was only been X procedure, there is a X with persistent X prohibiting X are consistent with an X on MRI, and there is X, the requested X is supported. Recommendation is to overturn the two prior denials.

Given the documentation available, the requested service(s) is considered medically necessary.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES