

# CASEREVIEW

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## IRO REVIEWER REPORT

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:

This physician is a Board-Certified X with over X years of experience.

### 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.

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who sustained an injury on X. X was X.

On X, MRI of the X: 1. There is a X.

On X, the claimant presented to X, MD with X. X gets a X. Current medications included X. Aggravating factors included X. Alleviating factors included X. On

examination, X had a X. There was X. Assessment: X. Plan: Continue X. Start X. Schedule the claimant for X.

On X, the claimant presented to X, PA for X. According to the report, the claimant saw Dr. X on X who recommended a X. An X on X showed early signs of X. Recommendations: 1. Continue X. 2. Take X. 3. Alternate X. 4. Get X.

On X, the claimant presented to X, MD with X. X reported X. X had X. On the X. On the X. On exam X has markedly X. Plan: X is clearly a candidate for X.

On X, X, MD performed a UR. Rationale for Denial: In this case, the claimant has complaints of X. The claimant, a X, mechanism of injury X. It was worse on the X. The claimant notes X. On recent examination, X. The MRI of the X. The claimant was diagnosed with X. The claimant was recommended X. Based on the limited objective findings, the examination findings do not correlate with the MRI findings, medical necessity has not been established. At this time, X is not medically necessary.

On X, X, MD performed a UR. Rationale for Denial: In this case, the claimant has complaints of X. The claimant, a X, mechanism of injury X. It was worse on the X. The claimant notes X. On recent examination, X. The MRI of the X. The claimant was diagnosed with X. The claimant has had X. The claimant was recommended X. The providers office was called to discuss the treatment request by peer to peer contact was not established. At this time, medical necessity for X has not been established.

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

The request for X is denied, as it is not medically necessary.

This patient injured X. The X MRI identified X. At this level, there was X. X was also noted at X. The electrodiagnostic study identified X. The patient had minimal pain relief from a X currently has X. X has a X. The treating provider has recommended a X.

The Official Disability Guidelines (ODG) supports X. Specific X on examination should correlate with the MRI findings. Surgical candidates have failed X.

This patient has no documented X. X electrodiagnostic study also does not confirm X at this level. The patient has X, which may both contribute to X symptoms. I am concerned that the patient's poor response to the X is not a good indicator for lasting pain relief following X. Therefore, the recommended X is not medically necessary.

**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
- PRESLEY 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)