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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:

The Reviewer is Board Certified in the area of 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X with a date of injury of X: The mechanism of injury is not provided.

X: MRI of the X. Revealed X. This is resulting in X. Prior X is noted at X. The X is adequately X. At X there is X. There is X noted. There is X.

X: Clinical encounter by X, MD. Indicates that the claimant complains of pain in the X. The pain moves X. Pain is rated as X. On examination the claimant has limitation with X. There are minimal limitations on the X. X is noted over the X.

There is also X. Treatment plan includes X and a follow up.

X: Clinical encounter by X, PA. States the claimant complains of quite significant pain in the X. The pain is rated X. The claimant wants to X. The claimant denies adverse effects to X. On examination, the X is X, with can assist. X is absent. Clinical impression is X.

X: UR performed by X, MD. The previous reviewer noted that the current documentation lacked sufficient clinical evidence on examination that strongly supported a clinical presentation consistent with X. As such, the patient did not meet the criteria for X and recommendation was to deny.

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

Based on peer-reviewed guidelines and records submitted, this request is non-certified. The previous reviewer noted that the current documentation lacked sufficient clinical evidence on examination that strongly supported a clinical presentation consistent with X. As such, the patient did not meet the criteria for X and recommendation was to deny. Therefore, the request for X is found to be 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)