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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 a Board-Certified Physician in 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 with a post work related X.

X: Progress notes by X, MD. The patient was last seen in the X on X. X was done on X. The patient was X. X was seen by X. PE exam documents X. X is improving with X Plan is for X.

X: Progress notes by X, MD. Regarding X. The claimant states while X. As a result, sustained X. Currently, the patient reports X. The X to the X is planned in X months, as the patient had a X at the last visit.

X: UR performed by X, MD. Rationale for denial: According to documentation provided, the X has responded to the X. The X is pending another X. Therefore, it is unclear what the plan of care proposed is for this patient. Therefore, without further documentation or discussion, the proposed procedure would not be considered medically necessary.

X: UR performed by X, MD. The claimant presents regarding X secondary to a X. The claimant returns and it was noted X underwent X on X. Currently the claimant reports X. With all of this, there is still no clear indication as to why X is warranted at this time with improvement of the claimants' symptoms with a X planned in X months.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
X is OVERTURNED/DISAGREED WITH since the request for X does meet ODG recommendations for X. This X sustained X. Records from X including X document improvement in pain, X. Therefore, additional X are medically necessary for further improvement of the physical functional impairment.

The request for X is found to be 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)