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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:

MD, Board Certified 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X. X on the X.

On X, an MRI of the X. X was identified. On X, an MRI of the X was performed showing X. There was a X. There was X. No X was identified and there are no X injuries. On X, the patient was seen in clinic for follow up. X reported X injury with continued X. On exam, the X. There was some X. There was pain with X test. There was X. X was intact and X were intact. On X, a notification of adverse determination

was submitted for the requested procedure X noting that the request was non-certified. Criteria use was Official Disability Guidelines, X Chapter. It was noted there were X to support the request and in the recent visit there were X. X from all indicated X had not been established in the medical records submitted for review. Therefore, the request was non-certified. On X, a utilization review report stated the requested procedure X was not supported as being medically necessary. Guidelines used were Official Disability Guidelines, X Chapter updated X. It was noted there was incomplete documentation of X. The request was not supported and was non-certified.

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

The records indicate there may be some X, but this is not confirmed with up to date X x-rays. There is also need for clarity regarding X. The issues raised on the previous determinations have not been resolved and those determinations are upheld not medically necessary.

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

XMEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES