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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 at work X. X suffered a X. On X, X was seen by X, MD for X. The X remained X. X rated the pain X. X conditions included X. X conditions included X. X was limited to X. X had X. X continued with X since the X on X. The symptoms were X. The X changed from X. The symptoms X. X rated the pain in the X. The pain of the X. X conditions included X. X conditions included X. The X continued to have a X. The X changed from X. The pain was X. X rated the pain X. X conditions included X. X conditions included X. X examination showed X. There was pain with X. X were X. On X and X reported that the pain remained X. X rated the pain X. The pain of the X. X conditions included X. X examination showed X. There was pain with X. X were diminished to X. X examination showed X. X test was X. Dr. X documented that the rationale for denial did not match the

history of X. It was likely that the reviewer was X. X had a X that improved X of the symptoms for X. The reviewer continued X. An MRI of the X dated X demonstrated X. At X, there was X along with X. At X, there was X. There were X, which could also be sources of X pain. AT X, there was X. There was X. There was X. An MRI of the X demonstrated X. X was seen within the X of this examination. X showed X. An MRI of the X demonstrated X which appeared X. Findings were thought to probably relate to X. The treatment to date included X. Per an adverse determination letter dated X by X, MD the request for X was noncertified. Rationale, "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified. Per evidence-based guidelines, X is proposed for use as a X. In this case, the patient's X. There was pain with X from a X. The X was X. The MRI of the X dated X revealed that at X there was X. The X had a X. A request for X for diagnostic was made. However, the X do not differ from those found on imaging studies. The clinical findings are already X. In addition, the actual imaging report needs to be submitted for review. As for X, it is recommended as a X. A request for X was made. However, clarification is needed with regards to the request as it was noted that the patient had a X. Although X had a subjective report of X was not established as there were no office visit reports submitted after the X done on X for objective comparison. Per guidelines, there should be documentation that X." Per an adverse determination letter dated X by X, MD, the request for X was noncertified. "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is proposed for use as a X. In this case, the patient's X remained X to changes from X and X pain was currently rated as X. There was pain with X. The X was X. The MRI of the X dated X revealed that at X. The X had a X. A request for X was made. However, the physical signs and symptoms still do not differ from those found on imaging studies. The clinical findings are already X and the imaging studies already showed evidence that the X. In addition, the actual imaging report still needs to be submitted for review. As for X, it is recommended as a X. A request for X was made. However, clarification is still needed with regards to the request as it was noted that the patient had a X. Although X had a subjective report of X was still not established as there were still X submitted after the X done on X for objective comparison. Per guidelines, there should be documentation that X."

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

Given the current clinical data, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per an adverse determination letter dated X by X, MD the request for X was noncertified. Rationale, "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified. Per evidence-based guidelines, X is proposed for use as a X. In this case, the patient's X. There was pain with X. The X was X. The MRI of the X dated X revealed that at X. The X had a X. A request for X was made. However, the physical signs and symptoms do not differ from those found on imaging studies. The clinical findings are X. In addition, the actual imaging report needs to be submitted for review. As for X, it is recommended as a X. A request for X was made. However, clarification is needed with regards to the request as it was noted that the patient had a X. Although X had a subjective report of X was not established as there were X after the X for objective comparison. Per guidelines, there should be documentation that X." Per an adverse determination letter dated X by X, MD, the request for X was noncertified. "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is proposed for use as a X. In this case, the patient's X. There was pain with X. The X. The MRI of the X dated X revealed that at X. The X. A request for X was made. However, the physical signs and symptoms still do not differ from those found on imaging studies. The clinical findings are already X. In addition, the actual imaging report still needs to be submitted for review. As for X, it is recommended as a X. A request for X was made. However, clarification is still needed with regards to the request as it was noted that the patient had a X. Although X had a subjective report of X, X was still not established as there were still no office visit reports submitted after the X for objective comparison. Per guidelines, there should be documentation that X." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient subjectively reported X. However, there are X submitted for review to verify this information. There are X provided including X. Given the documentation available, the requested service(s) is considered not

medically necessary and the decision is upheld.

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