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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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X whose date of injury is x. X reports that a X. X. X scan dated X is X. X changes described at the X. The patient underwent X on X. Office visit note dated X indicates that the patient received a X on this date. Office visit note dated X indicates that the patient has had at least X relief from the X previously. X evaluation dated X indicates that the patient denied X. Diagnosis is X. X evaluation dated X indicates that x is currently X. Treatment to date is noted to include X. Current medication is X. X. Pain is rated as X. X is X and X is X. X is X and X is X. X evaluation dated X indicates that current X is sedentary and required X. Office visit note dated X indicates that the patient rates X. X is not able to function without X. X takes X. The initial request for X was non-certified noting

that the presenting X were not sufficient enough to fully warrant the request. Moreover, a clarification is needed to obtain as there was insufficient evidence of X to establish unsuccessful previous methods of treating X prior to considering the need for this request. Appeal note dated X indicates that the patient is a X and may minimize X. Patient appeared X. Patient expressed concern and worry about X. X has had to move in with X due to X. These are X. The denial was upheld on appeal noting that objective evidence of X rendered could not be fully established as there was X. Actual X notes were not provided for comparison. Furthermore, there was no documentation that the patient X. In addition, there was no documentation that the patient was aware that successful treatment may change X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The request for X is non-certified, and the previous denials are upheld. The submitted clinical records X. There is no documentation of X. There is no documentation of any X. It is unclear if the patient would be able to fully participate in a X given that x is reportedly unable to X. The patient's only current medications are X. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES