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PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury X. X. X was diagnosed with X. On X, X was evaluated by X, MD for X associated with X following a work injury on X. After the injury, X suffered X. Furthermore, X had X due to persistent nature of pain associated with X. X felt X. X described X. X was barely getting X. X endorsed X. X reported that X was often X. X had received X since X. Pre-surgically, X had received X. X. Risk of X. Examination showed X. X was able to bring X. X testing was X. X had X. X had X. X were also noted. X had X. X had X. X did extend into the X. The diagnoses were X. One could not rule out X. X was prescribed with X. X was discontinued. X the X was to be considered. X would be reserved for X. X was advised to X. On X, X had a follow-up visit with Dr. X. X continued to make progress. Medical management had already helped X with improved affect. X was dealing with X pain better and was X. X affect had improved with X as was X quality of pain relief at X. Examination showed X. X had X. X had X. Based on response to X, further similar X might be advised. A dose of X. An MRI of the X dated X revealed X. An MRI of the X showed previous X. X from the hardware noted. There was a X. There was X. X was noted. Treatment to date consisted of medications X. Per the Adverse Determination letter by X, MD dated X, the request for X was non-certified. Per the guidelines, X. X had X. X had decreased sensation in the X. X also had a previous X on X with unknown results. On examination, X did not correlate with the MRI findings. As such, the requested X was not medically necessary. Per the Adverse Determination reconsideration letter by X, MD dated X the request was denied. Rationale: "Per the provided documentation, prior treatments included medications. The magnetic resonance imaging (MRI) report of the X dated X showed there was a X. According to the follow-up note dated X, there was a X. Per ODG, "X must be well documented along with X on physical examination. X must be corroborated by imaging studies. A request for a procedure in a patient with X requires additional documentation of recent symptom worsening associated with X." In this case, the imaging did not reveal X.

As such, the request for a X was not medically necessary.” On X, X had a follow-up visit with Dr. X. X reported continued X. Dr. X had requested X complicated by persistent pain in X. X was dependent on X. The combination of medications included X. X did not want to be on those medicines indefinitely.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per the Adverse Determination letter by X, MD dated X, the request for X was non-certified. Per the guidelines, X are recommended for short-term treatment for X. X had X. X had X. X reported X. X also had a previous X. On examination, X did not correlate with the MRI findings. As such, the requested X was not medically necessary. Per the Adverse Determination reconsideration letter by X, MD dated X the request was denied. Rationale: “Per the provided documentation, prior treatments included medications. The magnetic resonance imaging (MRI) report of the X dated X showed there was a X. According to the follow-up note dated X, there was a X. Per ODG, "X must be well documented along with X on physical examination. X must be corroborated by imaging studies. A request for a procedure in a patient with X requires additional documentation of recent symptom worsening associated with X." In this case, the imaging did not reveal evidence of X. As such, the request for a X was not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted cervical MRI X at the requested levels. The X is noted to be X. The X. No X t is identified or X. Additionally, there is conflicting information provided as the note dated X states that the patient never received X and that the patient was approved for the procedure but it was canceled secondary to X; however, there is an operative report provided which indicates that the patient underwent X on X which was after the patient’s X which was performed on X. The patient’s objective functional response to this procedure is not documented.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is upheld.

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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL