

Independent Resolutions Inc.
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 sustained an injury on X when X. X. X was diagnosed with X. X, PA / X, MD evaluated X on X for X complaints. X sustained an injury to the X. X was taken to X and transferred to X. X had a X on X and a X on X and then was sent to X on X. X was discharged from X on X. The pain level was X at the time. X reported that X. X had returned to X. X also reported X symptoms had remained the X. The pain remained the X, which limited X. The pain level was X. X and X and X remained the X. X continued to have X. On examination, X appeared X. X examination showed X. X examination revealed decreased X. X showed a X. X were X. A X evaluation X showed that X was functioning in a X. X was working on X, but remained on the X. X was on X. On X, X presented to X, PsyD / X, PhD for X. X had X pain, X. The pain

level was X at the time. The examination was X. The plan was to continue X. A X was pending. X-rays of the X dated X revealed a X. X x-rays dated X demonstrated X. A CT scan of the X dated X showed X, therefore X requested an MRI scan. An MRI of the X dated X revealed X. A X MRI dated X showed X. Treatment to date included medications X. Per a Utilization Review determination letter dated X by X, MD, the request for X between X and X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, X are recommended only when X is available to. In this case, it was noted that the patient had X. There were X identified." Per an Appeal for X dated X by Dr X, X presented with a work-related injury involving the X. X had X at the time of injury and also X. X injury also included X, which had caused X. X had more recently completed X. X continued to have X that required X and had X. X continued to have X at the time, expected to be X. X was able to X at the time; however, X did not have the endurance to X. X also X, which had been documented as part of an X. These limitations made it impossible for X to participate in some X. X functional X could not be sufficiently managed with assisted devices such as X. These X would not be tolerated by X for any extended period of time and would not enable X to participate in these activities. X also did not have the X. X worked outside of the X. The requested X would enable X better X. The increased X would also positively impact X ability to seek and attain the upcoming work within X. Dr. X believed that this X was medically necessary for X. Per a Reconsideration Letter dated X by X, MD, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There were X. It was noted that X had improved and X. Furthermore, guidelines indicated that X should be encouraged throughout the injury recovery process, preferably with X. Lastly, the additional medical record submitted did not present X the previous denial. Clarification is needed with regards to the request and on how the request would affect the patient's overall health outcomes."

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 purchase of X is not recommended as medically necessary and the previous denials are upheld. Per a

Utilization Review determination letter dated X by X, MD, the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, X. In this case, it was noted that the patient had X. There were X identified." Per an Appeal for X dated X by Dr. X, X presented with a work-related injury involving the X. X had X. X injury also included X, which had caused X. X had more recently completed X. X continued to have X. X continued to have X. X was able to X. X also negatively affected X, which had been documented as part of an X. These limitations made it impossible for X to X. X could not be sufficiently managed with assisted X. These would not be X. X also did not have the X. X. The requested X. The increased X would also positively impact X ability to seek and attain the upcoming work within X permanent restrictions. Dr. X believed that this X was medically necessary for X. Per a Reconsideration Letter dated X by X, MD, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There were X could not sufficiently manage. It was noted that X had improved, and X had increased. Furthermore, guidelines indicated that X should be encouraged throughout the injury recovery process, preferably with X. Lastly, the additional medical record submitted did not present X the previous denial. Clarification is needed with regards to the request and on how the request would affect the patient's overall health outcomes." There is X to support a change in determination, and the previous non-certification is upheld. The submitted clinical records X. The issues raised by the previous reviewers have X to support medical necessity of the requested X.

Given the documentation available, the requested service(s) is considered not medically necessary 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