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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. X did not X. X was diagnosed with X. X was seen by X, PT on X for X. X stated that X had seen X. X was able to X. X continued to complain pain in X. On examination, X revealed X. X was X. X was progressing well with X. The pain was less in X. X continued to have X. The X included X. X was advised to continue X. This note was X. An MRI of the X. There was X. There was X. Treatment to date included X. Per a utilization review and peer review report dated X by X, MD, the requested service for X was not medically necessary and hence non-certified. Rationale: "According to the documents provided, the patient had a X. The patient has X. ODG recommended X. The guidelines allow for X are noted, however, the medical records X. Furthermore, there is a X Therefore,

the requested X is not medically necessary and is non-certified.” Per a utilization review and peer review report dated X by X, MD, the requested appeal for X was not medically necessary and non-certified. Rationale: “In this case, the patient presented with pain in the X. On examination, the X. The X for the X. Per ODG, “Medical treatment, X.” As such, based on evidence of examination, additional X might be indicated but the request for up to X the guideline recommendations. However, there was X to the request, thus, the request cannot be modified based on TX law. Therefore, the requested appeal for X is non-certified.”

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

The ODG supports up to X. The documentation provided indicates that the injured worker presented to X. A physical examination documented X. The provider indicates that the injured worker has been improving but continues to have X. Administrative documentation indicates that X have been completed. Based on the documentation provided, the medical necessity for X. Additionally, the request exceeds guidelines and there is X.

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