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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 with date of injury X. X was using a X. X was diagnosed with X. X, MD evaluated X on X for increased pain at the X. X was ready to proceed with X. X had X. X continued to have X. Examination showed X. X of the X was -X. The plan was to proceed with X. X would have X in the X months and then would need to go back to X for a brief X. A CT scan of the X dated X showed X. An additional X. It might be an X. A small portion of the X. There was a X. An x-ray of the X would be helpful to evaluate for a X. A progress note dated X documented that an x-ray showed a X. Treatment to date included X. 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 is recommended for several conditions including X is generally

considered a salvage procedure to be used when other X are not possible or are associated with a X. In this case, the patient had X. On examination, there was X. The X showed X. A request for X was made; however, there was limited objective evidence of X submitted prior to considering X as there was no actual X notes. Furthermore, there was no warrant that other X were considered prior to considering X to support the request.” 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. Per evidence-based guidelines, X is recommended for those with X. In addition, X is recommended for several conditions including X. X is generally considered a X are not possible or are associated with a X. In this case, the patient had increased X. On examination, there was X. The X showed X. It was noted that the patient was ready to proceed with the X. An appeal request for X was made. However, there was still limited objective evidence of X in the medical reports submitted prior to considering X as there were still no actual X notes. Furthermore, there was no warrant that other X were considered prior to considering X to support the request. There were limited additional medical reports submitted to overturn the previous denial of the request. The prior non-certification is upheld.”

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

The ODG supports X. Additionally, guidelines indicate that X is considered a X are not possible. The documentation provided indicates that the injured worker continues to complain of X. Treatment has included X. A physical examination documented X. Imaging documented a X. There is a request for a X. Based on the documentation provided, while there has not been documented X. Additionally, X is not considered standard of care or supported. Given the persistent symptoms with X would be the most appropriate intervention at this time.

Given the documentation available, the requested service(s) is considered medically necessary and the decision is X.

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