

Icon Medical Solutions, Inc.
518 BRYSON AVE
ATHENS, TX 75751
P 903.590.0994
F 888.663.6614

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: The reviewing physician specializes in X and has over X years of experience.

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]:

This is a case of a X claimant who sustained an injury on X while working as a X. X was injured while performing X. X states X was X. X reported to the supervisor and X was sent to company doctor at X. X was diagnosed with a X. X underwent a X. Prior treatments; X.

X: Confidential Diagnostic Interview. Patient reports that X continues to experience X. X experiences X. X also experiences X. X has been experiencing X. X underwent X. X reported participating in X. X underwent MRI of X. X underwent a X. Patient stated X continued to experience X. Prior treatments; X.

Pt presented as a X. X appears to have a X. Per the DD and medical documentation, the producing cause of X. The pt is X. With additional medical care in X, X is likely to make X. Due to these factors, a course of X is recommended by ODG.

X: Chart Notes by Dr. X. Patient continues to report X. Past medical history notes X. Review of system shows X. Physical examination the X. Medications include X. Diagnoses include X. Treatment plan included Pt X. X was recommended. Pt would focus on X. X would undergo X. The patient will be progressed as X.

X: Adverse Determination from X. Rationale- Per evidence-based guidelines, the recommended number of X. In this case, the Pt was injured on X. The Pt has dealt with X. The pt has had X. The Pt is able to X. There is X. There is X.

X: Adverse Determination from X. Rationale- In the prior determination, reviewer noted the Pt is X. There is X. There is X. In this case, X. Records do X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The previous adverse decision is Upheld. The request exceeds ODG recommended number of visits and time frame for submitted diagnoses. Clinically there was

reported X. Therefore, the request for X is considered not medically necessary.

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