



Specialty Independent Review Organization

IRO REVIEWER REPORT

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 reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who sustained an industrial injury on X. The mechanism of injury was not documented in the available medical records. Past medical history was reported to be X. Past surgical history was X. The X documented previous X. There was X. The X peer review determination indicated that the request for an X was non-certified. The rationale stated that guidelines do not support the use of this X. The X pain management follow-up report cited complaints

of X. Pain was reported X. Pain X. Pain was improved with X. Pain was X. X was X. X reported X. Current medications included X. X exam documented X. X exam documented X. The diagnosis included X. X was experiencing X. X continued to use X. It was noted that X continued to use X which helped with X. Medications were refilled to include X. The X report did not provide any additional information regarding the patient's use of X. It was noted that the patient was experiencing X. There was no documentation of a X. Clinical exam was unchanged since X. The treatment plan recommended consideration of X. The X peer review reconsideration determination indicated that the request for X was non-certified. The rationale stated that guidelines did X.

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

The Official Disability Guidelines state the X are not recommended as a X. The FDA-indication for X use is as a treatment of X. Guidelines state that X. In addition, there is no data that X.

This patient presents with X. X are noted in activities of X. Clinical exam findings are X. X is status X. Medications have been prescribed to include X. Under consideration is a request for X. Guideline criteria have not been met. The Official Disability Guidelines state that X are recommended as a treatment of X. Records indicate that the patient has been prescribed X since X. There is no specific indication to support the on-going X. There is X presented or X noted to support the medical necessity of this request as an exception to guidelines. Therefore, this request for X is 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY 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)**