

MEDRx

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IRO REVIEWER REPORT

DATE NOTICE SENT TO ALL PARTIES: 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

The reviewer agrees with the previous adverse determination regarding the medical necessity of:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant was injured on X when X was reportedly X. X initially sought evaluation in the ER X. X was documented as sustaining injuries to X. X. X treatment later involved X. X persistent symptoms prompted MR imaging of X in X. MRI of the X demonstrated X. X was referred for X to Dr. X. The pre-authorization request for the X was denied initially and denied again upon appeal.

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

The request for X is not medically necessary. The claimant sustained a work-related injury that resulted in injuries to X. Records indicate that X case was initially disputed for compensability, though X did X. X had MRI of the X performed in X that demonstrated X. Review of claimant's records, particularly the clinic notes during X, document the claimant with X. However, the X pain into X is usually described X. Dr. X exam findings on X are the basis for the X requested. However, those exam findings noted above lack clarification of the details of the "X" X. Also lacking was documentation of any X changes such as X. Overall, Dr. X findings do not document a X. While X is mentioned, the pattern of claimant's X is X are not supported by ODG. X

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With the lack of corroborative documentation stipulated clearly in ODG, this request is not medically necessary and is non-certified.

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
- AHCPR- 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)