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**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:**

This is a licensed physician with over X years of experience in X.

**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]:**

X: Progress Note by X, MD. X symptoms X. X is still using X. X has been X. X has X. X Exam: X:X:X. X:X. X:X. X:X. X:X. X:X. X: X. X:X. X.X:X.X:X:X. X. X still has X. Assessment/Plan: 1.X. 2.X. 3.X. 4.X. X's X. I'm in order some X. If X, I may

consider X.

X: UR performed by X, MD. Rationale for Denial: The claimant presented to Dr. X with complaints of X. It was noted there was X. The claimant has X. There is X. Additionally, there is X. Therefore, medical necessity has not been established.

X: Appeal Letter by X, MD. X is still X. X presents with X. As of X, per X notes patient is at X.

X: X Re-Eval by X, PT. Total visits: X. # of X visits authorized: X. # of authorized visits used: X. X within X except as noted: X. X. Goal: X has reached X of X goal at this visit. X Assessment: Overall Progress: As expected. Pt performed X. X. Pt still X. Response to current treatment: The patient X. Treatment Progression: X per treatment plan.

X: Progress Note by X, MD. X has improved a little since last visit. X completed therapy today, X continues to use X ERMI machine three times a day which helps. X current pain level is a X. X Exam: X:X. X X has also improved from previous. Plan: X developed rather X. X underwent a X. Since then we've been doing X. X continues to make progress. I think another X. I think this will X. The only other treatment option would be X.

X: UR performed by X, MD. Rationale for Denial: Per ODG, "While this X. In this situation, it could be considered on a case-by-case basis for an X." In this case, the claimant has X. There has X. Therefore, another X is not medically appropriate.

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

Determination: Denial of an additional X is UPHELD/AGREED UPON since the request exceeds ODG recommended time frame for use and clinically after more than X. This request is not medically necessary at this time.

**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)