

**Health Decisions, Inc.
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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: Medical Record by X, MD. Follow-Up: X is having a X. X is having to take the X. X is X. Examination: X has X. Current Diagnosis: X due to X. History of Assessment: 1. X due to X. 2.X. 3. X. 4.X. Plan: 1.X. 2.X. 3.X. 4.X. 5. X. This has

caused X. 6. X. I haven't seen this yet. 7. X is going to look into X. I gave X some names. 8. X. Authorization is pending.

X: Medical Record by X, MD. Follow-Up: X had a X. It didn't make a huge difference. X is still X. X still has the X. Examination: The X shows no signs of X. X has a X. X has X. Current Diagnosis: X. History of Assessment: 1. X pain due to X. 2. X with MRI showing X. 3. X. 4.X. Plan: 1.X. 2.X. 3.X. 4.X. 5. X. 6. I would consider a X. X.

X: UR performed by Dr. X. Rationale for Denial: The injured worker sustained an injury on X. The injured worker was diagnosed with X. The injured worker reported having a X. It was noted that the injured worker complained of X. Magnetic resonance imaging documented X. They were X documented in the clinical records submitted with this request. The injured worker had an X. In this case, X is not well documented, as there were X of X. Thus, the request for an X is not medically necessary at this time.

X: UR performed by X, MD. Rationale for Denial: A successful peer-to-peer call with X, MD took place and we discussed the case. We reviewed the chart, the injured worker is X per Dr. X. Previous X has been variably effective with the most X. The medical rationale stated was that by going to a X. However, Dr. X also stated that pain was X. The guidelines state X must be well documented, along with X. X must be corroborated by imaging studies and when appropriate, electrodiagnostic testing. X should require documentation that previous X. X is better supported with documentation of X. Based on the rationale and reviewing ODG criteria, request for X is not indicated because it is unlikely to provide relief when previous X. The guideline criteria have not been met.

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

Determination: denial of X is UPHOLD/AGREED UPON since there are no documented X. This request 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 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)