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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 case was reviewed by a Board-Certified Doctor of X with 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]:

X: UR performed by X, MD. **Rationale for Denial:** This is a case of an X who sustained an injury on X. The mechanism of injury was not documented. X-ray of the X by X, MD dated X showed the similar appearance of the X. There was X. There were X. Per follow up of the X by X, MD dated X, X was a follow up for X pain. Originally had X. X.X. X was taken back for X. Post-operative, X had been complicated with a lack of X approval. X has X. X was very X. X has also had progression of X. X had pain with X. X was unable to progress with X. On physical examination the X, it revealed X. The pain with the X. X was X. The X was X. It was mentioned that X had an X-ray of the X. There was a significant amount of X. The actual report was not submitted for review. The medications were X. The X were not documented. Per the plan of care, the provider recommended they proceed with an X. X needed to have significant X. X also needed to be X. X would plan for X. X would likely not do a X. The current request is for X. Per guideline, X is suggested after the X in patients with significant X. In this case, a request for X was made; however, the X was not addressed from the submitted medicals such as X before considering the request. Pain relief obtained with an X was also not established. Thus, the current request is not supported.

X: UR performed by X, MD. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. There were no new medicals submitted to currently assess the patient's condition to warrant the need for current request. X could not be fully established. There were also X notes submitted for review. Thus, the current request is not supported.

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

The request for X is denied.

This patient X. X was complicated by X. The patient has X. The treating physician has recommended X.

This patient has a X. X picture is more consistent with X, which would require X. A X should be ruled out in this patient. X may be considered as well. The X may not be the patient's primary source of X. The other X should be addressed prior to X.

The X recommendation 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)