Vanguard MedReview, 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 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: Office Visit by X, DO. **Subjective:** Patient complains of X. **Exam:** X: X: X. X. X. **Assessment:** X. **Plan :X**, request X.

X: UR for X(approved)

X: UR for X(approved)

X: UR for X

X. **Rational for Denial:** Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines, this request is non-certified. Per guidelines, X. X. In this case, the patient complained of X. X is reported as X. There is X. There is X.X. Telephone contact was established with a designee for the office of Dr. X. It is stated the patient was given a X. X developed a X. There was X reported. There was X. There was X. The request is for a X. This information does not support a X requested. The X did not provide X. Medical necessity is not established. The request is non-certified.

X: Office Visit by X, DO. **HPI:** Not a recent injury. Patient was on a X. X was X. Pain is rated X and is X.X.X. **Plan:** X. Medical necessity letter for X.

X: UR for X (approved)

X: UR performed by X, MD. **Rationale for Denial:** This request is non-certified. The efficacy from X is not substantiated.
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, this request is non-certified. The efficacy of X is not substantiated.

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 sustained a X. X was given a X. There was X. Specifically, X did not X.

The 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 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)