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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:

Board Certified in X
Fellowship Trained 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]:

Please note a voluminous amount of records were provided for my review, dating back to the original date of injury in X. Dr. X examined the patient on X for X. X claimed X. X claimed radiation of pain down the back of X legs. X was X. X. The assessments were X. X was prescribed and an X was recommended. A Certificate of Medical Necessity with an illegible date indicated a X to be medically necessary. On X, a Letter of Medical Necessity was submitted for a X. On X, an approval was provided for X. Dr. X examined the patient on X. X had tried X but stopped it due to X. X. X was X. An X was ordered, and a X was also ordered. A X on X indicated X were X. There were noted to be X. At X, there was X. On X, a non-certification was issued for the X. On X, a non-certification was issued for the same items. On X, the patient followed-up with Dr. X. X medications were X. X had been injured when X was on a X. X was X. The patient rated X pain at X. X had associated symptoms of X". In the neurological exam, X. X was X. X. X was noted to be X on the X. The X was reviewed and the diagnoses of X. X was provided a letter of medical necessity for the X. X medications were continued. The letter of medical necessity indicated the X. On X, a non-certification was issued for the purchase of a X. On X, a precertification request was submitted for a X. On X, a non-certification was submitted for the X. Dr. X reevaluated the patient on X. X was requesting referral to a X, as well as X. X also requested X. X was X. X had a X. X was noted to be X. X. The patient was referred to Dr. X was prescribed. X would return in X.

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

The ODG notes that the use of a X is not generally recommended for X. The ODG also requires X. It notes in the X is not recommended as a X. Based on the documentation reviewed at this time, it does not specifically address the patient's response to the use of a X. As of X X evaluations with Dr. X, the patient continued to report pain that was rated at X. Dr. X indicated in his X note that the patient had X, but X pain was rated at X. As of X, X was requesting X. X was noted to be X. Dr. X noted in his letter of medical necessity that the X. The letter did not address the X. Therefore, the purchase of a X is not medically necessary, appropriate, or in accordance with the ODG and the previous adverse determinations should be upheld 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 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)**