

**P-IRO Inc.**  
**An Independent Review Organization**  
**1301 E. Debbie Ln. Ste. 102 #203**  
**Mansfield, TX 76063**  
**Phone: (817) 779-3287**  
**Fax: (888) 350-0169**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who sustained an injury on X while X was X. X stated that when X. X was diagnosed with a X. X, MD evaluated X on X. X presented with X. The pain was rated X. X was able to X. The pain was described as a X. It was X. The X examination showed X. X were X. X test was X. X was noted in the X. Per a report dated X, a request for a X was denied by X, MD on X and X, MD on X. A X Evaluation and Request for Service X was performed by X, MA on X on the request of Dr. X. X complained of X. X reported also having pain in X. The pain got X. X rated X pain X. X reported X. Per X history, X had some X. On the X. On the X. On the X assessment for patients in pain revised, X scored X, indicating a X. On the X. It concluded that the pain resulting from X injury had X. X reported X. Pain had reported X. X would benefit from a X. It would improve X. X should be treated daily in a X. The program was staffed with X. The program consisted of, but was not limited to, X. Those X would address the X. A X Evaluation was completed on X by X. MD. The X showed X. X was X. X demonstrated the X. X demonstrated a X. During the evaluation, X was unable to X. The limiting factors included the X. An MRI of the X dated X showed X. The treatment to date included X. In an adverse determination dated X, the request for X was non-certified. The reviewer noted that the results were X. Guidelines did not support the use of a X. In this case, there was no clear need for daily X. On X, X, MD non-certified the request for X. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not medically necessary. In light of this presenting issues and in the absence of X is not medically necessary as there was limited evidence of X was not documented."

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

Based on the clinical information provided, the request for X: X is not recommended as medically necessary, and the previous denials are upheld. In an adverse determination dated X, the request for X was non-certified. The reviewer noted that the results X. Guidelines did not support the use of a X. In this case, there was no clear need for daily X. On X, X, MD non-certified the request for X. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not medically necessary. In light of this presenting issues and in the absence of X is not medically necessary as there was limited evidence of X was not documented." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient sustained a X. MRI of the X noted X. The patient's X. The patient presents with X. It is unclear why this patient would require a X. There is no documentation of X testing with validity measures. The X evaluation indicates that the patient's consistency of effort would suggest X presented with X. Throughout X testing the patient reported X.

Given the documentation available, the requested service(s) is considered not medically necessary and therefore upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES