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An Independent Review Organization
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IRO REVIEWER REPORT

Date: 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: Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X with date of injury X. X. X was diagnosed with X. On X, X was seen by X, MD for X. X had X. X rated the pain X. The pain was the X. The pain was X. X was X. X stated the symptoms increased with X. The symptoms improved with X. The other symptoms included X. The body mass index was X. On examination, X test was X. X were X. On X, Dr. X documented that X would like an appeal to the denial of X. An MRI of the X dated X demonstrated X. The treatment to date included X. Per a utilization review by X, MD dated X, the request for X at X was not medically necessary. Rationale, "Understanding the date of injury, noting the significant past medical history of a X, when considering the specific parameters noted in the Official Disability Guidelines, there is insufficient objective information presented

to support this request. The first point to make is that a X must be well documented. There are no enhanced imaging studies presented demonstrating a X. Furthermore, based on the most recent physical examination presented for review, there is no significant evidence that would require such an X. Lastly, based on the X examination, there is X. Therefore, based on the clinical information presented for review, tempered by the specific parameters noted in the Official Disability Guidelines, this request is not medically necessary.” Per a utilization review by X, MD dated X, the request for X was not medically necessary. Rationale, “Based on the clinical information provided, the Reconsideration Request for X, is not recommended as medically necessary. The initial request was non-certified noting that a X must be well documented. There are X. Furthermore, based on the most recent X examination presented for review, there is no significant evidence that would require such an X. Lastly, based on the X examination, there are X. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no documentation of a X. The patient's X examination X. The submitted X MRI precedes the date of injury and is X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.”

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

Given the current clinical data, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review by X, MD dated X, the request for X was not medically necessary. Rationale, “Understanding the date of injury, noting the significant past medical history of a X, when considering the specific parameters noted in the Official Disability Guidelines, there is insufficient objective information presented to support this request. The first point to make is that a x must be well documented. There are X. Furthermore, based on the most recent X examination presented for review, there is X. Lastly, based on the X examination, there is X. Therefore, based on the clinical information presented for review, tempered by the specific parameters noted in the Official Disability Guidelines, this request is not medically necessary.” Per a utilization review by X, MD dated X, the request for X was not medically necessary. Rationale, “Based on the clinical information provided, the Reconsideration Request for X, is not recommended as medically necessary. The

initial request was non-certified noting that a X. There are X. Furthermore, based on the most recent X examination presented for review, there is no significant evidence that would require such an X. Lastly, based on the X examination, there are X. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no documentation of a course of X. The patient's physical examination X. The submitted X MRI precedes the date of injury and is X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.” Recommend upholding previous denials. The patient’s X examination on X notes X. The patient’s date of injury is X; however, the MRI of the X provided is dated X. There are X submitted for review. There is X completed to date or the patient's response thereto submitted for review.

Therefore, the request is not medically necessary and is 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