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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: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. X reported X. X. X was diagnosed with X. X, MD evaluated X on X for X pain. X was X. X had X. X had some X. X developed increasing X. X underwent X, X. X complained of mostly pain in the X. X had pain over the X. The pain level was X. Examination revealed X. X of the X revealed X. X were X. X was X. A X dated X showed X. X-rays of the X performed on X revealed X. Treatment to date included medications X. Per an adverse determination letter dated X and peer review dated X by X, MD, the request for X was denied. Rationale: "X is not medically necessary. The claimant reported complaints of X. Examination of the X. A CT scan dated X revealed X. Although there is evidence of X is not supported. TX does not allow for modification without AP agreement. Therefore, medical necessity has not been established." An Appeal Letter dated X

by Dr. X indicated that X would like to appeal the denial as the test was important in trying to identify X. Per a utilization review decision letter dated X and peer review report dated X by X, MD, the request for X was noncertified. Rationale: "Based on the clinical information provided, the appeal request for X is not recommended as medically necessary. The initial request was non-certified noting that although there is evidence of X is not supported. The letter of appeal dated X indicated that when X was seen on X, X was having X The examination suggests X is X. The claimant was again recommended for X. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The ODG guidelines would not support the performance of X. As such, the medical necessity is not established in accordance with the current evidence-based guidelines. Therefore, X is not medically necessary."

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 an adverse determination letter dated X and peer review dated X by X, MD, the request for X was denied. Rationale: "X is not medically necessary. The claimant reported complaints of X pain, status X on X, X, and X on X. Examination of the X revealed X. Although there is evidence of X is not supported. X does not allow for X. Therefore, medical necessity has not been established." An Appeal Letter dated X by Dr. X indicated that he would like to appeal the denial as the test was important in trying to identify X. Per a utilization review decision letter dated X and peer review report dated X by X, MD, the request for X was noncertified. Rationale: "Based on the clinical information provided, the appeal request for X is not recommended as medically necessary. The initial request was non-certified noting that although there is evidence of X is not supported. The letter of appeal dated X indicated that when X was seen on X, X was having increased X. The examination suggests X is symptomatic from X. The claimant was again recommended for X. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The ODG guidelines would not support the performance of X. As such, the medical necessity is not established in accordance with the current evidence-based guidelines. Therefore, X is not medically necessary." Recommend upholding the prior denials. The

submitted clinical records indicate that the patient has undergone X. Additionally, the patient X. There is no rationale provided to support performing X. It should also be noted that the Official Disability Guidelines do not support the performance of X.

Given the documentation available, the requested service(s) is considered not medically necessary. The decision 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