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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 was injured on X. The mechanism of injury is not available in the records. The diagnosis was X. X was evaluated by X, DO on X. X continued X. X was again X. X the X. X did not have the X. Due to the denial of the X, X was using X. Dr. X stated X had X. At the time, X pain was X, and Dr. X strongly recommended approval of the X. The treatment to date included X. Per an Initial Adverse Determination dated X and a Peer Review Clinical Report dated X the request for X, was non-certified. Rationale: "According to the guideline criteria, X were not recommended based on a lack of quality studies. Therefore, this request was recommended non-certified." Per Notice of Reconsideration Outcome Adverse

Determination and Peer Review Clinical Report dated X, the request was non-certified: Rationale: "The Official Disability Guidelines discusses X. As noted in a recent physician review, a detailed review of peer reviewed literature is discussed in the Official Disability Guidelines, which concludes that such treatment is not recommended based on the lack of quality studies. Moreover, if an exception were considered in this rule, it would be important to clearly understand the current history and physical examination in detail; meeting the X is discussed and apparently would not necessarily suggest that there is an indication for a X. For these multiple reasons, the request at this time is not medically necessary and should be non-certified."

**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 is not recommended as medically necessary, and the previous denials are upheld. Per an Initial Adverse Determination dated X and a Peer Review Clinical Report dated X the request for X, was non-certified. Rationale: "According to the guideline criteria, X were not recommended based on a lack of quality studies. Therefore, this request was recommended non-certified." Per Notice of Reconsideration Outcome Adverse Determination and Peer Review Clinical Report dated X, the request was non-certified: Rationale: "The Official Disability Guidelines discusses X. As noted in a recent physician review, a detailed review of peer reviewed literature is discussed in the Official Disability Guidelines, which concludes that such treatment is not recommended based on the lack of quality studies. Moreover, if an exception were considered in this rule, it would be important to clearly understand the current history and physical examination in detail; meeting the X is discussed and apparently would not necessarily suggest that there is an indication for a X. For these multiple reasons, the request at this time is not medically necessary and should be non-certified. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient's objective functional response to X is not documented to establish efficacy of treatment and support an additional procedure at this time. The Official Disability Guidelines note that X is only recommended in cases that have positive response to X. The submitted clinical

records X.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines and 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