

Independent Resolutions Inc.
An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (682) 238-4977
Fax: (888) 299-0415

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 is a X who was injured on X. X reported X had been X. X indicated that due to X. X stated that when X. X indicated X. X was X. X reported that X. X began to experience X. Per a Notice of Independent Review Decision dated X, a X dated X showed X. A X revealed X. It might be related to X. There was X noted. There was X. There was X. There was X. An MRI of the X dated X showed X. There was X. Mild X were noted. An MRI of the X dated X showed an X. X was X. There was also X. X- X revealed X. An MRI of the X revealed X. The treatment to date included X. A X Evaluation was performed by X, PhD and X, PsyD on X to determine if X would be a X. X reported X. Due to X, Dr. X had referred X for consideration of a X. X testing was administered to determine X. Tests included the X. The X indicated that there was an X for X reports of X. On the X, X presented with a X. Dr. X and Dr. X opined

that X was X. There was X. A X would hopefully provide X with X. X was seen by X, NP and X, MD regarding X. The date of injury was X. There was X. X complained of X. X rated the pain X. X pain was X. Overall, the X. Relieving factors included X. The X. X examination showed X test was X. X was limited in X. X examination revealed X. On X, Dr. X documented that X would like an appeal to the denial of the X. Per a utilization review dated X by X, MD, the request for X was noncertified. Rationale, "Per evidence-based guidelines X are recommended for X. In this case, the patient complained of X. The X test showed X. The X showed X. A request for X was made. However, there were X dated X pertinent to the X. Moreover, there was X notes presented. Furthermore, X. Findings were X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This X injured X on X when X was in an X. The reported condition is considered X because X. Present medications include but are not limited to X. Other treatments include X. A request for X, was made. The request is NOT certified because the following criteria were not satisfied: there is no clear documentation that the patient has X. A successful peer-to-peer conversation has taken place and no additional clinical information is expected to be provided." On X, Dr. X appealed the denial. Per a utilization review dated X by X, MD, the request for X was noncertified. Rationale, "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X are recommended for X. It also recommended for X. In this case, the patient complained of X. The X test showed X. There was no evidence of X that would make X. A request for X was made. After speaking with Dr. X, they stated the patient has had X. The patient has had a lot of X. The patient has X. The X were requested, and the fax number was given. However, as no fax was received the request remains not medically necessary."

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: X: X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting that there were X. Moreover, there was X. Furthermore, X. Findings were insufficient to justify the medical necessity of the request, thereby it could not be supported at this time. Per a utilization review

dated X by X, MD, the request for X was noncertified. Rationale, “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X are recommended for X. It also recommended for X. In this case, the patient complained of X. The X test showed X. There was no evidence of X that would make X. A request for X was made. After speaking with Dr. X, they stated the patient has had X. The patient has had a X. The patient has X. The X were requested, and the fax number was given. However, as no fax was received the request remains not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The X is not submitted for review. There are X studies provided. There are X records submitted for review. Given the documentation available, the requested service(s) is considered not medically necessary.

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