

**Independent Resolutions Inc.**  
**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 was X. X. X was diagnosed with X. On X, X was evaluated by X, MD for X pain. X reported X. The pain was rated X. X was taking X. X discontinued the X. X had a designated doctor evaluation done by Dr. X on X. The anticipated MMI would be on X. On X examination, X had X. X examination was X. The X. Reflexes were X. On X, Dr. X evaluated X for X pain. X reported X was doing about the X. X did help with the symptoms that X had especially at X. X would like to go back to X especially at X. X rated the pain X. X examination was X. X was X. An MRI of the X on X showed X. X on X showed X. The treatment to date included medications X. Per a Physician Advisor Determination by X, MD on X, the request for X was noncertified. Rationale: "X in the front office indicated Dr. X was out of the country and will not return until next X and X does not have anyone to peer-to-peer when X is out. She was advised, with the information supplied, the

requested X is not approved. An appeal letter by Dr. X on X documented X was referred for a X. It was requested by X specialist, Dr. X who had been seeing X for X. X was previously seen by Dr. X on X as part of a Designated Doctor Evaluation and was determined to have not reached maximum medical improvement (MMI). Dr. X agreed with the X that Dr. X was recommended to be done. X continued to have X and Dr. X was requesting the study to see if any findings would require X. They respectfully repeated their request to get the study approved so that they could move the case forward and determine one way or another whether or not X was indicated in X case. A Notice of Appeal Adverse Determination dated X the appeal request for X was non-certified. Rationale: "After careful review of the submitted medical information, our Physician Advisor made the following decision that the services are not medically necessary or appropriate. This means we do not approve these services or treatment."

**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 a Physician Advisor Determination by X, MD on X, the request for X was noncertified. Rationale: "X in the front office indicated Dr. X was out of the country and will not return until next X and X does not have anyone to peer-to-peer when X is out. She was advised, with the information supplied, the requested X is not approved. An appeal letter by Dr. X on X documented X was referred for a X. It was requested by X specialist, Dr. X who had been seeing X. X was previously seen by Dr. X on X as part of a Designated Doctor Evaluation and was determined to have not reached maximum medical improvement (MMI). Dr. X agreed with the X that Dr. X was recommended to be done. X continued to have X and Dr. X was requesting the study to see if any findings would require X. They respectfully repeated their request to get the study approved so that they could move the case forward and determine one way or another whether or not X was indicated in X case. A Notice of Appeal Adverse Determination dated X the appeal request for X was non-certified. Rationale: "After careful review of the submitted medical information, our Physician Advisor made the following decision that the services are not medically necessary or appropriate. This means we do not approve these services or treatment." There is insufficient

