

**P-IRO Inc.**  
**An Independent Review Organization**  
**1301 E. Debbie Ln. Ste. 102 #203**  
**Mansfield, TX 76063**  
**Phone: (817) 779-3287**  
**Fax: (888) 350-0169**  
**Email: @p-iro.com**

**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 with date of injury X. X was X. The diagnosis was X. On X, MD evaluated X for X. X pain was X. X was X. X has had X. Past medical history included X. X included X. Per review of systems, X had X. On examination, X was X. X and X. X has a X with X. X had X. X also had a X. Treatment plan included X. An MRI X. Treatment to date included X. Per a Notification of Adverse Determination dated X, the request for X was non-certified. Rationale: "Per evidence-based guidelines, X. In this case, the patient complained of X. Upon examination, X had a X. X had X. X was X as well as X. MRI of the X. A request for X was made. Claimant reports X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified." On X, the appeal request for X was non-certified. Rationale: "Per evidence-based guidelines, a X. On exam, a X. X also had X. The unofficial MRI of the X. Per the progress notes dated X, it was noted that the provider X. The provider wanted to X. A request for an appeal X. However, a X with X and X was X established to X for the request. Although it was noted that the X was not documented. Moreover, the guidelines indicated that X is not generally recommended. Pending this information, this request could not be supported at this time. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Although it was noted that the X was not documented. Moreover, the guidelines indicated that X is not generally recommended. Pending this information, this request could not be supported at this time." On X noted that X had been denied the second time and they would appeal it. Examination was X.

**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 Notification of Adverse Determination dated X, the request for X was non-certified. Rationale: "Per evidence-based guidelines, X recommended on a case-by-case basis as a X. In this case, the patient X. Upon examination, X had a X. X had X. X as well as X. MRI of the X. A request for X. Claimant reports X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is noncertified." On X, the appeal request for X was non-certified. Rationale: "Per evidence-based guidelines, a diagnostic X. In this case, the notes on X stated that the X. On exam, a X. X also had X. The unofficial MRI of the X. Per the progress notes dated X, it was noted that the provider did not receive approval for X. The provider wanted to X. A request for an appeal X. However, a X. Although it was noted that the X. Moreover, the guidelines indicated that X. Pending this information, this request could not be supported at this time. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Although it was noted that the X. Moreover, the guidelines indicated that X. Pending this information, this request could not be supported at this time." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient's X. There is no documentation of any X. The patient was previously recommended for X. The submitted clinical records also indicate that the patient has X.

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