

**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 a date of injury X. X was a X. The X. This situation resulted in the X. On X, DO evaluated X for a follow-up. X continued with X. X was X. X pain was X. X had X. X had X was on X. X was X. X additionally had X. Due to X and X. An MRI of the X, revealed at X and X, there was X. At the X. At the X, there was X. The X. There were X. At the X. X the X. X could be X. Treatment to date consisted of X. Per a peer review and a utilization review dated X, MD non-certified the request of X. Rationale: X. "Recommended as a short-term treatment for X. This treatment should be administered in X. Not recommended for X. X are not recommended as a X or for non-specific X. X are not recommended. See specific criteria for use below. See X. See also the X. Patient criteria for X): (1) X. X must be corroborated by X. A request for the X. (2) Initially X. (10) X is not generally recommended. When required for X. "In this case, X. There is no record of a X. Also, there is X. X and there is X. The request is not shown to be medically supported. Therefore, the requested X and to be performed under X is non-certified." Per a peer review and a utilization review dated X, MD non-certified the request of X. Rationale:

“ODG-X. “Recommended as a X. This treatment should be administered in X. (2) X. “There was a previous adverse determination. The injured X. There is documentation of X. Current medications include X. The injured worker has tried X. The injured worker does X. However, there is no documentation of use in X. The request is not medically supported. Therefore, the requested X is 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. The initial request was non-certified noting that, “In this case, X. There is no record of a X. Also, there is no X. X is not recommended and there is no record of X. The request is not shown to be medically supported. Therefore, the requested X is non-certified.” The denial was upheld on appeal noting that, X. The injured worker does have X. However, there is no documentation of use in X. The request is not medically supported.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no X. It is unclear what X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines, so 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