

**P-IRO Inc.**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***

**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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who sustained an injury on X when X was X and X. The diagnosis included X. X was seen by X, MD on X. X was scheduled for X but on the last moment, X withdrew because X was X. X reported X was unable to X. X was X. X had X and X was X and was X. X rated X pain X. X was able to perform only X. The pain was X. It was X. On X, X had X, X, X, and X. Per the note by X, MD on X, X was X. X would not be a X in X opinion. A X was performed on X by X, PT for the diagnoses of X and X. X demonstrated the X. X was unable to X as X could only X and X while taking into account X need to X and X. However, the X was X because X was X, X, and X. X attended X, X, X, and X by X MA, LPC. They discussed the importance of X as a way of X and X. A X and X was completed on X by X MA, LPC / X, PhD, LPC / X, MD. X completed X. X had a X. X completed X. X has X. X but often X. X was taking X. On

examination, the X score was X and after completion of X it was X; X score was X and after completion of X; The X and X in X score was X, and X was X and X was X. It was concluded that the pain resulting from X injury had X and X. X reported X and X and X, in addition to X. X pain had resulted in X. X would benefit from a X. It would improve X ability to X, X, X, and X, which appeared to be impacting X daily functioning. X should be treated daily in a X. The program was staffed with X in X. The program consisted of but was not limited to X and X, X, X, X, X, and X as well as X, X. Those X would address X ongoing problems of X, and returning to a X. X of the X on X showed X. Treatment to date included X. Per peer review by X, MD on X, the request for the X was non-certified. Rationale: "This claimant has X. The claimant has X. There is noted X. X has been trialed. However, there is no documentation claimant has X, or had a X, implying X. As so, this request cannot be supported. Therefore, the request for X is not medically necessary." In an appeal letter by X/ Dr. X / Dr. X on X, it was documented that the reviewer denied X. It was documented that even though X, X had X. It was previously documented that X is very X and would prefer to X forms of treatment. It was also not necessary for the patient to receive X to be part of the program, and X at the time met ODG. X had made X in X but was continuing to X and X. X would benefit from the X and X. X also scored X. X did not meet X. Per peer review by X, DO on X, the request for the X for the X was non-certified. Rationale: "In this case, based on the documentation provided and as per the guidelines, the requested X is not considered medically necessary. Though the claimant has a history of X, there was no documentation of the claimant having undergone or tried X. Therefore, the request for X for the X is 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 is not recommended as medically necessary and the previous denials are upheld. Per peer review by X, MD on X, the request for the X for the X was non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The patient's only X are X. The submitted X indicates that consistency of effort results obtained during testing indicate significant observational and evidence based inconsistencies resulting in X and X. Therefore, medical necessity is not established in accordance with current

evidence based guidelines.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL