

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 was injured on X. X was X and X. X was diagnosed with X, X; and X, X. On X, X presented to X, MD for a follow-up with complaints of X. X was X and X on X for a X and X. X reported having X and X. There was X and X had X. It X. There was a X and an X was ordered to rule out the X. An X dated X, X, X, X of X. This X. X with X was noted. There was X to X, X, and X was noted. X dated X showed X, no evidence of X. Treatment to date included X and X on X, X, X, and X. Per a utilization review and peer review report dated X by X, MD, the request for X was not certified as not medically necessary as the history and documentation did not objectively support the request for a X. Rationale: "In this case, there is no evidence of failure of a X for X. No X were reported. The medical necessity of this study has not been demonstrated and a clarification was not obtained. Thus, the request for X is not medically necessary." Per reconsideration review dated X, X,

MD denied the appeal request for X. Rationale: “The ODG recommends X when X or X. The documentation provided X that the X is status post X. The X has developed X. X were ordered on X, but the results of the X are not documented. Therefore, the request for 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 recommended as medically necessary, and the previous denials are overturned. X of the X, no evidence of a X. X is showing a X. The patient has been recommended for X to rule this out. On exam X, X are X. X is X and X. In X opinion, medical necessity is established.

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