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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 is a X with a date of injury X. The mechanism of the injury was a X. X injured X. X was diagnosed with X, X, and X. X was seen by X, MD on X for further evaluation of the X. X complained of X, X. The pain was rated at X. X had X and X. Examination revealed X, and X/ X. An X dated X revealed X and X. There was X with X. X had X. There was X with a X. X was noted. There was X, X, X, X, and X. Treatment to date included medications X. Per a Utilization Review Decision letter dated X, the request for X with Dr. X and Dr. X at X, and X, was denied by X, DO. Rationale: "The records submitted for review would not support the requested procedures as reasonable or necessary. The claimant has been followed for ongoing X and X that had not improved with X. The current X did note X. However, the claimant's previous imaging of the X did not detail any evidence of X or X. The available X was more than a X. No updated imaging for the X was provided for review detailing X that would be X. Given these issues which do not meet

guideline recommendations, this reviewer cannot recommend certification for the X requests. As the X requests are not indicated. There would be no requirement for the X. Recommend non-certification.” Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Prior reason for denial noted as the available X was more than a X. No updated imaging for the X was provided for review detailing X that would be X. Given these issues which do not meet guideline recommendations, the requested X and X, X, and X with Dr. X and Dr. X at X with a X is not medically necessary. This is an appeal as this request was previously denied. The X showed X and X but it is not clear that the claimant is X from this X finding. The X provided are X and X. They do not allow for X. The complaints were X and X and X and X. There is no X. description of the X of the pain in X, no mention of the X, no mention of the X etc. There were no studies to document X at X or support the need for X. The X at X showed a X but X is not the study of choice for documentation of X. X must be provided to support that there is X and the X. No such X were provided. It is not clear why Dr. X request includes a X when Dr. X note stated X performed X and X. On X, X, and X Dr. X noted the claimant had X. The actual date of X should be provided as well as X to document X. Because the requested X is not medically necessary the X is not necessary. Regarding only whether the submitted X are correct for the requested X, X is correct for the requested X, X is correct for the requested X, X is correct for X, X is not correct as this is for X and X, X is correct for X, X is correct for the X, X is correct for the X, X is correct for the X and X is correct for the X. Recommend non-certification for X. Because an adverse determination for X has been rendered, an adverse determination for any associated X is also rendered.”

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The claimant had been followed for a history of X. The claimant had a prior X history for the X according to the clinical records. Treatment had included X. Previous X studies noted evidence of X. Imaging from X noted X which contributed to X. The updated X dated X again noted X. The X report did not specify X. X was noted. No X was noted. The current evaluation of the claimant noted X. The X noted a X. There was no X noted in the X. Based on the clinical

findings to include X results, there is evidence of X as well as X. There is X also noted at X. Given the X, it would be reasonable to proceed with X as requested. Therefore, the request for X is medically necessary.

**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