

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

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 who was injured on X. X stated that the X started in X after X. The diagnosis was X. X was evaluated by X, MD on X for follow-up for X. X was seen at the time at the X. X presented with history of X. X stated X was X. X underwent X between X to X. X underwent X. X presented with X. X did mention that X experienced X in X after the X but remained with X in X. X had X about X with X. X went down the X. X described the X as X. X was X by X and X with X, The X was X and X did not provide X. X had X. X stated X had X. X stated X saw Dr. X for X. X presented at the time to discuss X. On examination, X was X and X was X. X was X. X was using a X. X was X throughout X. X of the X was reviewed. The diagnosis was X. Dr. X stated that X presented with X. X had previously undergone an extension of X from X to the X. X now presented with X at X. Upon exam, X was noted to be

in X. Dr. X discussed the case with Dr. X, an expert in X. X stated that it would be reasonable to proceed with X. X stated it may be helpful for X physician to perform X, to see if there was X in X symptoms. However, X was in X with a X, and hence Dr. X thought X would be a reasonable next step for X. An order for X of the X and X had been placed for further evaluation. X would need to complete the X under X due to X and X. A referral had been placed for X. Dr. X counseled X on X to promote X after X. On X, X presented to discuss X options. Examination and plan of care was unchanged. Review of an X of the X dated X revealed X. There was X, although X was seen across the X. The X were X at the X. X was otherwise intact, including the X. There had been prior X. X were identified, one of which was a X at the X of the X from the X to the X, and the other of which entered the X at the X and continued X, but appeared X where X. An X was identified in the X on the X. There were X at the X. At X, there was X and X and X. At X, there was X. X otherwise appeared at X. No X was seen. Evaluation was X at the X due to X from X and X. Treatment to date included X (X, X and X), X, X and X. Per a utilization review adverse determination letter dated X, X, MD denied the request for X of the X and X of the X with X. Rationale: "This request for both an X of the X and X are not supported. This X just had X of the X dated X. There are potential X plans for the X. There are no symptoms of the X nor examination of the X performed to support an X of this region. Without additional information on why an X is needed despite the previous X performed, these requests for both an X of the X and X with X is not medically necessary and noncertified." Per an undated appeal letter (print date X) by X, NP, X suffered from X in the X and X. X had previously undergone an extension of X from X to the X. At the time, X presented with X with X and X, as well as X. Upon exam, X was noted to be in X and had X affecting X, not just X. X of the X was necessary for X planning. On the X of the X, they were unable to X; therefore, the X of the X was indicated. Given X, X, X, X, and X and X, an X of the X was indicated to assess for X at X. X would need to complete the X due to X and X. Per a reconsideration review adverse determination letter dated X, by X, MD, the appeal request for X was denied. Rationale: "The request for X, and X are not medically necessary. In order to support the need for the requested X and X there must be a thorough detailed history provided as well as a detailed X exam. No such history was provided. The history was X and X with no mention as to the distribution of the X, the frequency of the X, the duration of the X etc. The claimant has X and there was insufficient documentation of a significant change in X complaints to support the requested studies. There was not a detailed history of

a X or X or X to support the request. No X exam was provided i.e., no X exam, no X exam, no X exam etc. Exam findings of a X or X or X were not provided. The X are reported needed for X planning but there is no detailed history or exam provided to support that the claimant is a X candidate. In speaking with X, NP X stated Dr. X had been seeing the claimant since X and X stated X would fax detailed histories and exams from X. X provided X with the deadline. X did not receive any additional records. Because the requested studies are not medically necessary the X is not medically necessary. Also, no rationale was provided as to why X would be necessary. Recommend non-certification for X of X and X.”

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

The issue in dispute is a X and X. Per a utilization review adverse determination letter dated X, X, MD denied the request for X and X. Rationale: “This request for both an X and X are not supported. This X just had a X dated X. There are potential X plans for the X. There are no symptoms of the X nor examination of the X performed to support an X of this X. Without additional information on why an X is needed despite the previous X performed, these requests for both an X of the X and X is not medically necessary and noncertified.” Per a reconsideration review adverse determination letter dated X, by X, MD, the appeal request for X and X was denied. Rationale: “The request for X of the X and X, and X are not medically necessary. In order to support the need for the requested X and X there must be a thorough detailed history provided as well as a detailed X exam. No such history was provided. The history was X. The claimant has X and there was insufficient documentation of a significant change in X complaints to support the requested studies. There was not a detailed history of a X or X or X to support the request. No X exam was provided i.e., no X exam, no X exam, no X exam etc. Exam findings of a X or X or X were not provided. The X are reported needed for X planning but there is no detailed history or exam provided to support that the claimant is a X candidate. The provider submitted a rebuttal letter, noting that due to the X, X would be required. The provider stated that, the X of the X was for X planning; the X of the X was to further assess X as X findings involved X and not just the X as well as the X and X causing concerns for X. For this review, the clinical notes indicate that the treatment plan was to extend the previous X as the X was from X to the X. The provider stated there was X in the X but

objective data to include X, X and or X was not documented. There were no symptoms noted on exam that could be attributed to the X. The claimant had undergone a X of the X, without the need for X other than X.

The issues raised on previous determinations have not been resolved. The request is non-certified, as medical necessity is not 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