

IRO Express Inc.
An Independent Review Organization
2131 N. Collins, #433409
Arlington, TX 76011
Phone: (682) 238-4976
Fax: (888) 519-5107
Email: @iroexpress.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 who was injured on X when X and X. The diagnoses were X. A progress report from X, MD dated X revealed a X. The pain was X. There was X. X was X. The X of the X revealed X, X, X and X. Dr. X indicated that X did not help, which was the X. X also noted X was still X and continued X. X recommended X with X. On X was seen in a follow-up. X continued to have X. X continued to have X with X. X continued to need X. X had been attending X and continued to have X. on examination of the X revealed X. Further X did cause X. X was noted. X was X. X or X was noted. X and X were X. X was X for X. X was also X for X. X was noted. This caused X. With X and X, a X was noted in regards to the X and X. This was consistent with a X the X and X with X. X for X pain was X. No significant X was noted over the X. On X, the examination findings were unchanged from the previous visit. The recommendation at the time was an independent review organization (IRO) determination regarding the necessity for X. In the X, X was X to include X. A X

report dated X revealed a X of the X with X and X. On X, X for X. The treatment to date included X with X and X. In a Notice of Adverse Determination dated X, the request for X and X were non-certified. Rationale: "The ODG recommends X when there has been a X, and confirmation of X on imaging. The ODG supports up to a X for X use following X. The provider documentation indicates the X has X and X, and X. The X has to use X for X due to the symptoms. X findings include X, X and X, X. An X shows a X of the X. While there is X, given the X, X is not supported, and given the X, the symptoms will not resolve without X. As such, deviation from the guidelines advised for the X. There are X to support X. Based on available information, recommendation is for X. However, as X was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time." A Notice of Appeal Adverse Determination WC – Non-Network was documented on X. The appeal for X and X were non-certified. Rationale: "The cited guidelines require X. There is no documentation of X. The requested X is not medically necessary. The X requests are also denied. Therefore, the requested X is non-certified. The patient has both a X and X. The cited guidelines require X. There is no documentation of X. The requested X is not medically necessary. The X requests are also denied. Therefore, the requested X is non-certified."

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

The ODG supports X for the treatment of X treatment in the X. The ODG does not recommend X. The documentation provided indicates that the injured worker continues to X. A recent examination documented pain was X. X documented X. The provider recommended X. Based upon the documentation provided, the requested X would be supported as there has been a X. While there are X, additional conservative care would not result in X. A X purchase would not be supported as X is not recommended following X.

Therefore, a X is recommended for X as medical necessity is established and with noncertification for X as medical necessity has not been 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