



Specialty Independent Review Organization

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## Notice of Independent Review Decision

### IRO REVIEWER REPORT

X

**IRO CASE #:** X

#### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

The item in dispute is the prospective medical necessity of an X performed under X with X.

#### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The reviewer is a X Doctor who is board certified in X.

#### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an X performed under X with X.

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

Records were received and reviewed from the following parties: X

These records consist of the following (duplicate records are only listed from one source): Records reviewed from X:  
X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X individual who sustained an X on X. The X was diagnosed with X. On X patient presented for an initial evaluation by a X specialist with a chief complaint of X that X into the X and occasional X below the level of any associated with X or X and X. Prior treatments include X as well as X.” X of the X from X, showed a X at X as well as a X at X with X. The X is newly prescribed X and X and recommended the requested X.

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

Per X, X are recommended as an X for X with X when intended to enable or better enable the X participation in X. Although there is the assertion in the most recent X encounter note that the X has X recommended for X, there is no mention of trial and failure of such mention of trial and failure of such X in the X encounter note from the referring physician dating back to X which only mention X as well as

X. There is no evidence that the X has sufficiently trialed the X newly prescribed at the most recent X encounter visit when the X was also requested. Finally, there is no evidence or assertion that the X required the X afforded by X to meaningfully engage in X. Therefore, the request for X with X performed under X with X is not medically necessary.

Official X Guidelines- Treatment for X, Online Edition  
Chapter: X- X and X

**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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**