P-IRO Inc.

An Independent Review Organization
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Notice of Independent Review Decision

Amended Letter

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 sustained an injury on X. X and X. The diagnosis included other X. X was seen by X, MD on X for X, X, and X. X sustained a X to X on X. X and X on the X. X complained of X and X. X rated the pain X. X had X and X. X examination showed X, X, and X. X was X. There was X at the X. X / X on X / X was X and X. X showed status X. X were consistent with X. An X of the X dated X demonstrated findings X with X. However, X in that X. X were X of X. There were X the X of the X. X was noted. Treatment to date included X, and X, X, X, X, X, and X. Per a utilization review by X, MD on X, the request for X was non-certified. Rationale: “A peer review performed on X was noncertified the request for X. Additional records were submitted for review. The patient’s X is noted to be X which is within guidelines recommendations. However, the records also include an updated X from X which revealed X compatible with X, without evidence of X. Furthermore, there were X the X of the X. Additionally, although prior X noted X, this study did

not note X. Based on these findings, a X is not supported. Therefore, X recommendation is to NON-CERTIFY the request for X." Per a utilization review by X, MD on X, the request for X with X was noncertified. Rationale: "The ODG by X and X. Recommended for patients who are at X. Options include X such as X and X referred to as X a X as well as X. The appeal X request in this case has been considered not medically necessary and, as such, this associated request cannot be substantiated. Additionally, this request has been previously denied in peer review on X and it is not apparent that significant new information has been substantiated to support this X the previous determination. The recommendation is for non-certification."

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

The ODG does not recommend the use of X, associated X, and patient noncompliance issues. There is no evidence of a Xn to X that would potentially support X from the guideline recommendation.

Based on the provided documentation, X is not 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