P-IRO Inc.
An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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:
X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
X is a X who sustained an X at X on X when X that was X to X. X immediately noted a X in X with X. The X included X and X. X was seen by X, DO on X for a follow-up of X. X complained of X associated with X, and X in X down to X. X had numerous X. The X was described as X. They planned to X the X. On X, X continued to have X.

The X was described as X and X and X. X had marked X and X on X along with X. On X, X had X. An X of the X dated X showed X. X to date included X. Per X by X, MD on X, the request for a X. Rationale: "Per evidenced-based guidelines, X not generally recommended based on a X. In this case, X was requested; however, X presented does not fully suggest X to warrant the request. A comprehensive and thorough X of the X was not addressed as there were no X and no X. In addition, other more X like X. Furthermore, pertinent extenuating factors were not clearly identified to warrant this not recommended X." "Based on the X submitted for this review and using the X referenced above, this request is X. This X the X on X when X. The reported X is considered X because X have elapsed since the X. The X does not include X or X to verify the X. The X does not include X and X of the X. X were performed on multiple dates. A request for X, was made. The following are important considerations: X are recommended for X. The request is X because the following criteria were not satisfied: X; there was no X that the X was X to X such as X. Per X by X, MD on X, the request for a X. Rationale: "Based on the X information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Further clarification is needed on prior X utilized leading to the current request. Furthermore, X are not generally recommended per X, exceptional factors could not be identified based on the records. Clarification is needed on how the X will affect X and plans X regarding X or other X."

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

Based on the X provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The X note that the requested X is not recommended based on a lack of X. Since X has been widely performed, despite lack of evidence of effectiveness, other more proven X strategies like X should be preferentially instituted. Additionally, there is lack of documentation of recent or ongoing active X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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