

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 is a X who was injured on X when X that X, causing X to X and X. The diagnosis was X, X, X, X, and X. On X, X, APN evaluated X for a X follow-up and X and X. X reported pain in the X and X that was X, X, and X and X. It was constant with X. X included X, X, and X. X included X and X. It had started since X on X. X main pain X was X to X /X / X, X than X. This was likely X by the X seen in X most recent X, most X at X. X stated that when X, X had pain in X and X that would sometimes X. X as X with X following a X. X had X on X with at least X of X and now only noted X sustained at the time. X noted X during the X. X had X since that time and was seeing a X for treatment. On examination, X was X and X was X. The X showed X / X than X. There was X of the X with X, X, and X, X, X, X. X was present on the X. The

X showed X with X. There was X to X with X and X following an X. On X, X underwent X, performed by X, MD. The diagnosis was X of X, X. X was seen by Dr. X on X for X into the X and X. The pain was located in the X, X, and X. The pain was described as X, X, and X and X and X. The X were X, X, and X. The pain was X / X. The X were X and X. X and X with X and X / X. X struggled greatly to X. X generally felt a X while X but not for X. On examination, X was X and X was X. X revealed X, X, X due to X and X, X, and X. X was able to X, favoring the X. X showed X / X, X on X, X on the X, X to X than X, X due to X and X, X on the X, and X on the X. An X of the X dated X showed X including a X at X and X at X with a X. At X, there was a X and X with underlying X the X. X demonstrated a X through X the X. X demonstrated X. X of the X may be associated with X. Treatment to date included X. Per a utilization review adverse determination letter dated X and a peer review dated X, the request for X, X was denied as not medically necessary by X, MD. Rationale: "As noted in ODG's X and X Chapter X, X are conditionally recommended on a case-by-case basis for short-term treatment of X, X, and/or X which results in X. ODG notes that the claimant should have X and/or X and should have proven X. ODG also notes that X are not a standalone procedure and should be administered in X. Here, however, the attending provider's documentation suggested that the claimant's X complaints X. X is not indicated in this context. The claimant does not, moreover, have a clearly established source for X and/or X. The claimant's X with X requirements is unknown. The claimant's X was not reported on the date in question, making it unclear as to whether the claimant is or is not intent on X in question in X, X or other X of X. ODG notes that X from X include X. Here, the claimant is an X. There was no mention or discussion of the claimant's underlying X prior to the request for an X. Therefore, X is not medically necessary." Per a reconsideration review adverse determination letter dated X and a peer review by X, DO dated X, the request for possible appeal X, X was denied as not medically necessary. Rationale: "In this case, there are no X on any examination provided to support doing an X. Furthermore, there is no mention of X as the pain goes only to the X. Additionally, there is no indication of X or other X has X. Therefore, X, X is not medically necessary."

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

Based on the clinical information provided, the request for X, 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. There is no significant X documented on X. The patient's X to establish the presence of 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