

IRO Express Inc.
An Independent Review Organization
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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 sustained a X. The diagnoses included X, X, X, X or X, X, X, X. On X, X, X evaluated X for a X and X, rated X. X presented for a X visit and follow-up on X and X, X, X, X, and X. X felt X had a X, X with X and they tried to schedule a X but was denied by Workers' Compensation. X, MD offered an X or X. X was not ready for X at the time. On examination, X was X, X, and X. X was X due to X. X had X. X a X to X and X. X had X in the X. The X of the X was X with X. The extension was X which caused X in the X. X had X in the X. X had X. X had a X to X. X was X in the X. On X, X was evaluated by X, MD for X and X, rated X. On examination, X was X, X, and X. X was often X due to X. X had X. X showed a X to X and X as X. X had X. X had X with X and X which X, X, and X and towards the X. X had X. X caused X, X and X. X had a X and had X, X. X had remarkably X of X only X. X were X to X. X had X in the X. X had X of the X. X had a X in the X with the X. X was X. Per an X dated X, Dr. X spoke with Dr. X regarding X. It was doubted that they had a better than X chance that X would respond to X given X being so X and having such X. Per an X on X, Dr X spoke with Dr. X. Dr. X was requesting X. Per utilization review by X, MD

on X, the request for X, X, X, as an X was non-certified. Per utilization review by X, MD on X, the request for X, X, X, as an X was non-certified.

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

The records were reviewed. The claimant has a history of X to include the X. ODG does not recommend X. There are no documented X to support an exception to the guidelines. X would agree with the previous recommendations noting X are not recommended in the setting of X.

Medical necessity is not established for the request- 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 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