

# P-IRO Inc.

An Independent Review Organization  
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## ***Notice of Independent Review Decision***

***Amended Letter X***

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### ***Sent to the Following***

**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. X was X was X which caused X to X and X, injuring X. The diagnosis was X. On X, X was seen X, MD for follow-up and X and X. X was in X, Texas and was seeing a doctor there for "X". X was taking X and stated X when X and X. The X had been X and had been occurring X and was X. The pain was located at the X and was X and X and X. The pain X and X of the X and X. The pain was X and was X. The symptoms were associated with X. X was what bothered X the X. X was doing well on X. X had X from the X with X, X in X. X also had to X since the X because of the X. The X had started as a X. X subsequently underwent X, then X, and then X, which caused X. X had X and X. X was noticing X and X. X the X was X and X. X was completed with X. X was X with X and X and X was what

giving X the X. A X / X for X was discussed. One X had provided X, so X wanted to try another X and X. On examination, X appeared X with assistance of X and X was X and X. X was noted at X, X and X. There was X, and X. X was noted at X and X and X and X. The X in X and X was X, X and X was X, and X was X and X was X. X was noted on X and X. X was noted at X, X, X, and X. Surrounding X / X and X. X demonstrated X, X, X, X, X with X and X. X / X revealed X. The pain X and X. The pain was X and was caused by X and X. The assessment was X. X was continued. It was opined that X had X and X would benefit from X. The plan was to continue for X. X underwent X on X by X, PhD; X, PhD; and X, PhD. X was referred for X for a X / X. X appeared X. Further, X to understand the X and X, and X appeared X to X. Although, X had a previous X (i.e., X), X had X. X was compliant with X. Even though one of X suggested X, X. Thus, X did not present with X of X or a X. Based on this evaluation, X predicted X for the X was X. X should not X or X, and X was X. If X had any X to the X, X would not be a X after the X. On X, X returned to Dr. X for a monthly follow-up of X and X. X and X remained unchanged from the prior visit. X, X, and X were continued. X was not a X and X was not X. X was considered X. X had completed X and if X had X, the plan was for X. A X of the X dated X revealed X / X at X with X at this level during X and X. X was X. There was X at this level with likely X. X and X was seen at X at X. There was X at X with a X seen on X. Treatment to date included X, X, X, and X, X, X / X, X, and X. Per a utilization review adverse determination letter dated X by X, MD, the request for X and X was denied. Rationale: "Per ODG, X are recommended on a case-by-case basis for the following indications: X with X that is determined to be related to X...for patients who have X and are not candidates for X or X. In this case, X is diagnosed with X. X is not a candidate for X however a X in X has been X. Furthermore, there is no documentation of a X. Therefore, the request is not indicated." Per a reconsideration review adverse determination letter dated X by X, MD, the request for X at X and X was denied. Rationale: "Based on the documentation provided and per the guidelines, the requested X is not considered medically necessary in this case. Though X has a history of X to X with a diagnosis of X, it was noted that X had X. It was X due to X. Given X history the request is not considered medically necessary at this time."

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

The request for X and X was considered. X has a history of X to X related injury

and is currently diagnosed with X. Previously placed X were X. Considering the currently request, X would agree with the denial as patient has had X which were X.

Given X history the request for X is not considered medically necessary at this time.

**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