

P-IRO 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 who was injured on X. X reported that X worked as a X and on X, X was X The patient was X. During this effort, X developed X. The diagnosis was X. On X, X was evaluated by X, DO, for a follow-up visit. X underwent X. At the time, X. X still had some X. Dr. X explained X. In the meantime, X was using X. They did go over X. X wanted to proceed with a X. Certainly, that was indicated as X was at X. Dr. X also stated that X. X was advised on X. An X of the X dated X demonstrated X. There was X. There was X. There was suggestion of a X. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X. Rationale: "It is unclear why there was a request for X. Previous X. Follow-up progress notes on X states that there is X. Considering the current X. Recommend non-certification." In a follow-up note dated X, Dr. X documented that X was eagerly waiting to go ahead with a X. X reiterated X. X was able X.

Unfortunately, at that time with X. In fact, X was asking for medicines, X was not previously on X. They had to switch X. X wanted to X. They were going to put X. X was taking X. The X. At the time, X. X pain was X. X had X. X had X. Any further delays in this X. X did not want a X. Dr. X documented that X. In the meantime, X was X. Per a reconsideration review adverse determination letter dated X, the appeal request for X: "According to the Official Disability Guidelines, the request for a X. The guidelines require X. The physician claimed that the claimant received X. However, given that X. Furthermore, X was requesting X. As such, in accordance with the previous denial, the request for X." Thoroughly reviewed all supplied documentation including provider notes, imaging findings, peer reviews. Patient with continued X. Was previously treated with X. However, X. Pain appears to have X. No specific X. No new injury or new symptoms, aside X. Therefore, the requested X.

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

Thoroughly reviewed all supplied documentation including provider notes, imaging findings, peer reviews. Patient with X. Was previously treated with X. However, X. Pain appears to have X. No specific X. No new injury or new symptoms, aside from X. Therefore, the requested 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