

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 who sustained an injury on X. X stated that X. The diagnoses included X. X was seen by X, MD on X for X. The pain was X. X began to have X. X had X. X had been to X. X was told to X. X was reviewed. X completed total of X. X reported only X. X asked to indicate location X. X was X. X exhibited X. X was noted to be within X. X was within X. Per the note, X on X showed X. On X, X continued to have X. X examination was X. On X, X was X. X continued to have X. On examination, X. X was noted to be X. X was within X. Treatment to date included X. Per utilization review by X, MD on X, the request for X. Rationale: "This request for X. The Official Disability Guidelines support up to X. Examination notes X. Considering these X as well as date of Injury this request for X. Per utilization review by X, MD on

X, the request for X. Rationale: "It is unclear why X. Evaluation notes dated X includes a X examination of the X. There are X. Considering this X examination, this request for X." The requested X The requested X. The records indicate that the patient has X.

There was a X was noted without X. Based on the submitted medical records, the requested X.

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

TO SUPPORT THE DECISION:

The requested X. The records indicate that the patient has X. There was a X was noted without X. Based on the submitted medical records, 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