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Notice of Independent

Review Decision

IRO REVIEWER REPORT
X

IRO CASE #: X

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 Upheld (Agree)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a X whose date of injury is X. X and noted X. X approximately X. The injured worker was diagnosed with a X. On X the injured worker reported X. X for work was X. Past medical history includes X. Prior treatment included X. On X examination, the X was X. X were noted on X examination. The X was X. The treatment plan includes X. The injured worker presented with X. The injured worker rates the pain at X. The X into the X. The injured worker states that the X. A X examination of the X reveals X. X are present at X. X of the X dated X reveals X.

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 is not recommended as medically necessary and previous denials are upheld. The initial request was non-certified noting that, "There is X. Even if X was present, the records X. The guidelines note that X. The request is not shown to be medically necessary. Therefore, the request for X is denied." The denial was upheld on appeal noting that, "The use of X. X are noted. Hence, the request is X. Therefore, the appeal request for X is not medically necessary." There is X. The submitted clinical records indicate that the patient has been diagnosed with a X. The Official Disability Guidelines note that 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:

X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES