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An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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:

- Overturned Disagree
- Partially Overturned Agree in part/Disagree in part
- Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury of X. X was X. X was diagnosed with X. X was seen by X, DO on X. On X, X presented for further care regarding X. On examination, X had X. There was X. As a result, a X. On X, X was X. The symptoms were effectively treated previously with X. Given X. They were X. They requested X. X was already quite pleased that X had received more than X. X had X. An X dated X revealed X. There was a X. There were some X. No other X was noted. X dated X showed a X. X were noted. The X dated X demonstrated X. Treatment to date included X. Per a utilization letter dated X, the request for X between X was denied by X, MD.

Rationale: "The Official Disability Guidelines discusses X. X are generally X. This is X, as Dr. X notes, but X. In this case the X. Overall, the medical records discuss, at best, X. It is not clear that the injured worker has X. Overall, the X. The request is not medically necessary." Per an adverse determination letter dated X, the prior denial was upheld by X, DO. Rationale: "The request for Appeal X is not medically necessary. X is an X. However, there is X. This was confirmed with the office.

"Thoroughly reviewed all supplied documentation including X. The treatment for X condition included X. Patient may X. There is limited evidence for X. Further, as 2nd peer review notes, there is X. Given the above issues, X does not appear indicated. Since X is not indicated, X may also not be indicated. Also, as initial review points out, there is X. Therefore X is not medically necessary and non certified

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

Patient with X. The treatment for X condition included X. Patient may have X. There is limited evidence for X. Given the above issues, X. Since X is not indicated, X may also not be indicated. Also, as initial review points out, there is some controversy about X. Therefore X is not medically necessary and non certified

Upheld

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