

**IRO Express 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 is a X who was injured on X. X was X. The diagnoses were X. According to an office visit conducted via telemedicine by X on X, X was seen for complaints of X with X to the X. X continued to report X. X had X. It X to the X and X. X reported X while X and X. The X was rated X. It was X and X. Aggravating factors included X. X had undergone X. The X affected the X. Examination of the X revealed X. X were X present. X and X were noted to be X on the X. X at the X at the X, X and X, and X was X. X was X on the X. X was X over the X. Per X, X continued to have progression of X with X to X and X. X had a X before X symptoms. X had tried X with X and X to no X. X reported X symptoms were X. X had subjective and objective X. There was X with X and X. X and X of the X showed no X. X opted to proceed with X as X had exhausted conservative management. X recommended X.

X of the X dated X demonstrated following findings: at the X, there was X causing X. At the X, there was a X causing X. An X of the X dated X revealed X. No X was noted. Treatment to date included X. Per a peer review and utilization review adverse determination letter dated X by X, the request for X was noncertified. Rationale: "This X request is not supported. Guidelines only recommend a X procedure if there are X symptoms that correlate with examination findings and imaging studies. Although this X has complaints of X symptoms and there are X findings on physical examination, no official X report is provided indicating the presence of any X." Per a peer review dated X and a reconsideration review adverse determination letter dated X by X, the prospective request for reconsideration review of X was noncertified. Rationale: "The Official Disability Guidelines only supports a X of the X if there are complaints of X and X as well as corresponding findings on X and physical examination. No official X report is provided indicating the presence of any X involvement at X to support a X at this X. This request is not medically necessary."

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

The request for X, was reviewed. Previously, the requested X was denied due to the lack of a X report. The available records did include a X report which noted a X which contributed to X. The MRI findings do correlate with the claimant's physical exam findings that noted X. The claimant had X.

Given the evidence of a X that had X and the imaging findings, it is this reviewer's opinion that medical necessity for the X, is established.

**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