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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 sustained an X on X. X was working as X while X. X was X to a X and had X the same day for X. X stated that X also suffered X. It X with X and X. The diagnoses included X. In a letter dated X, X documented that "X, X has been under my care for X. Due to X in X and X secondary to X after the X, X has been on a X of X for X and has shown to be X. This X has also allowed X to X. Since X has not been able to be X by X, we have been providing X with X. This X has also allowed X to X." A letter by X on X documented, "This patient has X and has X of the X due to X and X from the X. X has X. The X is X with X. X is not a good candidate for other X for this condition due to X. It is medically necessary and reasonable for X to X to use as needed. Please see the patient's diagnoses pertaining X to X request." Per a letter of medical necessity and relatedness to compensable injury on X wrote, "This letter is written to document the medical

necessity of the X by X for X of X. X have also attached my X of X which provides a full explication of this patient's current diagnoses of X. In both cases, these diagnoses are directly related to the X and X brought about by this patient's X and X and X brought about by X at-X. X need for X support and X treatment has been acknowledged since early in X, and X have even been informed that such treatment was part of X. It is therefore hard to understand how X need for an X such as X was ever refused as non-compensable or not medically necessary and these determinations need to be challenged, given the X put on the X by the refusal of the carrier to purchase these X at this joint, as well as X and X." X was seen by X on X for a follow-up and X. X reported X continued to have X. X reported that X were providing X and permitting X. X were noted. Associated symptoms included X. X included X. The X was increased with X. X had X. There was a X over the X. The X was quite X. X had a X. On examination, X with X. X was affected by X and X. X examination revealed X and X. The X was X. There was a X over the X. The X was quite prominent. There was X noted to X. On X, X rated X and related it to X. On X, X reported X. X requested X. X stated X had been consistent and X. On examination, X with X. X was affected by X and X. X examination revealed X. X was X. There was a X over the X. The X was quite prominent. There was X noted to X. A letter by X on X documented, "X wanted to let you know that we were successful at getting the X which were previously denied X by the insurance carrier again preauthorized and approved (X). It does appear that the preauthorization process will need to be renewed every X, though the adjustor and her medical support staff have again reaffirmed that these X are medically necessary for X and related to X and the process should therefore be more straightforward from this point forward." Per letter by X on X, the request for X for X was placed. In a letter dated X, X wrote," X have attached X initial report on X, and X pleased to report that we seem to be off to a good start. The basis on the changes that we hope to see in X daily behavior is what is termed the "X", and it is clear that X and X are beginning to trust that we are working to help X build a new set of skills that will allow X to experience further recovery. This of course extends not only to X and X but also to X current levels of X. X acknowledges that both X and X condition has X due to X as regards recovery efforts, and this is the very set of symptoms that our specialized clinic works to address. X continues to be X and even X regarding instituting positive changes; though it is the deepening sense of working in tandem with a set of X who understand and respect the ways in which X is "stuck, while at the same time offering solutions, that we hope will lead to

positive change in the months to come. X has not been willing/able to attend our X yet, a prospect which X finds particularly X, though we have made clear that this is a primary goal, given that this patient's X due to X injury is a major part of X. As you likely know, X were again denied on appeal. As you can see in my report, we are trying to help X believe that X can continue to make good faith efforts to improve X situation across the board, so this was definitely a setback (all the more surprising in that X had been fully approved, a X!) X has now filed for an IRO and mailed off the form, which is a positive step, and we will encourage X to file for X if these efforts fail. Given the difficulties of this case as documented and the initial progress, ODG is very clear in recommending continued care. X have also been informed that X, generated many years ago, also was specific in stating that X was anticipated to be a recurrent need. X therefore requesting X. The X that were initially approved will hopefully be utilized during this time frame. Thank you for your time in this matter, and please feel free to contact this office if further case discussion would be helpful.” Treatment to date included X. Per clinical peer review letter by X dated X, the request for X was certified. Rationale: “Evidence-based guidelines necessitate documentation of the following conditions: X; to support the medical necessity of X. In addition, evidence-based guidelines necessitate documentation of X. Within the medical information available for review, there is documentation that the request is for continued use of X for X and X. In addition, there is documentation that the patient has X. Teleconference with X identified that the patient had an extensive injury and almost X. This X with X and X. The X and X provide X. Other X were tried and X gave the best response, even better than X. The X is used intermittently and the patient has had X. Therefore, certification of the requested X is recommended.” “Evidence based guidelines necessitate documentation of X to support the medical necessity of X. In addition, evidence-based guidelines necessitate documentation of X. Within the medical information available for review, there is documentation that the request is for continued use of X. Teleconference with X identified that the patient had an X and almost X. This X with X and X and X. The X and X provide X. Other X were tried and X gave the best response, even better than X. The X is used intermittently and the patient has had X. Therefore, certification of the requested X is recommended.” “Evidence-based guidelines necessitate documentation of any of the following conditions; X to support the medical necessity of X. Within the medical information available for review, there is documentation of what appears to be X. In addition, there is documentation of a

condition for which X is indicated, such as; X and X. Therefore, certification of the X for X is recommended.” Per Notice of Adverse Determination by X on X, the request for X was non-certified. Rationale: “Evidence-based guidelines necessitate documentation of the following conditions: X. In addition, evidence-based guidelines necessitate documentation of X. Within the medical information available for review, there is documentation that the request is for X, and the requested quantity represents X. In addition, there is documentation that the request for X for X had been certified/authorized on X. However, there is no documentation of additional medical reports (following the X UR Determination) from the requesting physician identifying the patient's current clinical condition and addressing the medical necessity of the request. As such, there is no documentation that this specific X is X following the X UR Determination. In addition, the requested X, exceeds the standard of care. Therefore, certification of the requested X is not recommended.” “Evidence-based guidelines necessitate documentation of X and/or X to support the medical necessity of X. In addition, evidence-based guidelines necessitate documentation of X. Within the medical information available for review, there is documentation that the request is for X, and the requested quantity represents X. In addition, there is documentation that the request for X for X had been certified/authorized on X. However, there is no documentation of additional medical reports (following the X UR Determination) from the requesting physician identifying the patient's current clinical condition and addressing the medical necessity of the request. As such, there is no documentation that this X is X following the X UR Determination. In addition, the requested number of X, exceeds the standard of care. Therefore, certification of the requested X is not recommended.” “Evidence-based guidelines necessitate documentation of any of the following conditions; X to support the medical necessity of X. In addition, evidence-based guidelines necessitate documentation of X. Within the medical information available for review, there is documentation that the request is for X, and the requested quantity represents X. In addition, there is documentation that the request for X had been certified/authorized on X. However, there is no documentation of additional medical reports (following the X UR Determination) from the requesting physician identifying the patient's current clinical condition and addressing the medical necessity of the request. As such, there is no documentation that this X is X following the X UR Determination. In addition, the requested X, exceeds the standard of care. Therefore, certification of the requested X is not recommended.” An appeal letter by X on X indicated

that the adjustor on this case was very helpful in advising the provider on how to make X request. The report noted that X suffered X injuries and continued to require this X to relieve X. The report noted that X degree of injury, X.” A clinical Peer Review by X on X, the request for X was non-certified. Rationale: “The requested X is non-certified as ODG only supports the use of this X for X or X. In addition, there is no evidence of X trial of X, and there is no recent examination showing evidence of X, moreover, ODG notes that treatment duration with this X is X. Clinical Rationale for Recommendation: ODG states that X is not recommended as X, It is recommended for X. Moreover, there is no recent examination following the X determination showing evidence of X, Moreover, ODG notes that treatment duration with this X is X. As such, the medical necessity of this request is not established. The recommendation is to non-certify X. It is the provider's responsibility to use X/X own judgment and/or protocol based on the individual needs X, which may or may not include additional X through the provider.” “The requested X is non-certified as there is no evidence of X to support the use of this X and there is no recent evaluation documenting current complaints and exam findings and efficacy associated with the prior use of the X. Clinical Rationale for Recommendation: ODG states that X may be an indication for X due to X. ODG also states that X is recommended for X and is X. In this case, there is no evidence of X to support the use of this X. In addition, there is no recent examination following the X determination documenting current complaints and exam findings and efficacy associated with the prior use of the X. As such, the medical necessity of this request is not established, The recommendation is to non certify X, It is the provider's responsibility to use X/X own judgment and/or protocol based on the individual needs of the claimant, which may or may not include additional X though the provider.” “Principal Reason for Recommendation: The requested X is non-certified as there is no recent examination following the X determination documenting current complaints and exam findings and efficacy associated with the prior use of the X Clinical Rationale for Recommendation: ODG states that X is recommended as X for X, In this case, the medical necessity of continued use is not established without recent examination following the X determination documenting current complaints and exam findings and efficacy associated with the prior use of the X. The recommendation is to non-certify X, It is X provider's responsibility to use X/X own judgment and/or protocol based on the individual needs of the claimant which may or may not include additional X through the provider.”

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

The request for X was reviewed. Regarding X, the current evidence based guidelines do not recommend routine use of X such as X for the treatment of X. X can be considered for X to address X. There was no indication from the provided records that the claimant has developed X. No other exceptional factors were noted to support the requested X. Given these issues which do not meet guideline recommendations, medical necessity is not established. Regarding X are commonly X for the treatment of X to include X. The current evidence based guidelines recommend use of X for the treatment of X. The available records did not detail the specific efficacy of X. No X or X was detailed in the current records. Given these issues which do not meet guideline recommendations, medical necessity is not established. Regarding X, this X is recommended for the treatment of X and X. The available records did not detail any clear indications regarding the efficacy of X in managing symptoms of X or X. X was X. Given these issues which do not meet guideline recommendations, medical necessity is not established for the requests of 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