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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 was injured at X on X while X. The diagnosis was X. X was seen by X on X for evaluation of X related to X on X when X was X. X reported X into X and was associated with X. It was X. It was difficult for X to X. X reported having X and having undergone X. The X interfered with X. On examination, there was X. X was X on X. X was X. There was X noted. The assessment was X and X. X was recommended. X was advised to X and X. X dated X revealed X. X was noted. The other X of the X demonstrated X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, the request for X was denied. Rationale: "The Official Disability Guidelines (ODG) recommend X and indicates that these are recommended as X. The guidelines further indicate X are not recommended as a stand-alone treatment but should be administered in conjunction with X. For X, the ODG only recommends X when there is

documentation of recent symptom X associated with X. X should be administered using X and X of X. X should require documentation that X produced X. The request for X is not indicated. Since the most recent non-certification, additional clinical information was not submitted. The facts of the case remain X and, while the claimant had X and X, there continues to be a lack of documentation supporting X. Therefore, the X is non certified. Per a reconsideration / appeal review adverse determination letter dated X by X, the request for X was denied. Rationale: "The Official Disability Guidelines (ODG) recommend X and indicates that these are recommended as a short-term treatment for X. The guidelines further indicate X are not recommended as a stand-alone treatment but should be administered in conjunction with X. For X, the ODG only recommends X when there is documentation of recent symptom X associated with X. X should be administered using X and X. X should require documentation that previous X produced X. It appears that the prior non-certification was warranted. The appeal contained no additional clinical information that would support changing the prior determination. This request has been non-certified in review X on X, appeal review X on X, and review X on X. Based upon this, the prospective request for X is non-certified."

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

The review for X was reviewed. The Official Disability Guidelines (ODG) recommend X and indicates that these are recommended as a short-term treatment for X. The guidelines further indicate X are not recommended as a stand-alone treatment but should be administered in conjunction with X. For X, the ODG only recommends X when there is documentation of recent symptom X associated with X. X should be administered using X. X should require documentation that X. X has noted X. Examinations have noted X. X was X on the X. X was X. There was X noted. X would agree with the prior denials due to lack of documented benefit from the X.

Given the documentation available, the requested service(s) for X is considered not medically necessary.

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