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IRO REVIEWER REPORT

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 who was injured on X. The mechanism of injury X. The diagnosis was X.

X was evaluated by X, MD on X for chief complaint of X. X pain was in the X. It had got X. X was here for X. On examination, X. X revealed X. X was X. There was pain on X. X examination revealed X. The assessment was X. Dr. X recommended an X. Dr. X stated the pain was X. X was advised X.

An X dated X revealed at X. The X. There was X. The X was X. The X was X. The X were X. At X. The X. X were seen at X. There was X. X were X. X changes were seen X. At X, the X was X. The X. It X. The X were X. Both X were X. The X was X. The X was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: “The claimant has X. There was X. As such, the request is X. Therefore, X.”

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: “The claimant has evidence of X. There is X. The request X. Therefore, the request for X.”

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

The Official Disability Guidelines generally does not recommend X. Guidelines state that if performed there should be a X. In this circumstance, the X reports X. An exam of the X. An X documented X. There was a diagnosis of X. Treatment included a X. The provider recommended X. Given the subjective complaints consistent with X. Therefore, the request for 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**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **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**

☐ **PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**