

**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 who was injured on X. X reported that X was X." X stated X. The  
diagnosis was X. On X, X was evaluated by X, X at X. This revealed  
that this was X. They reported that X had made X. X continued to  
X. The X exam revealed X. X had X. They opined that X would X.

The X were provided by X. Treatment plan was X. A X progress note dated X completed by X, X revealed that this was X. X reported being X. X had been X. X continued to be in the X. X reported the X was rated X. X had X. X was X. The X exam revealed X. Outcomes X score measured X. X was unable to X. X was X. The X placed X. There were X. There was X. X was X. X was X. Dr. X opined that X. The treatment plan was X. A X progress note dated X, noted that X. X level had X. X was also on X. X Score was X. It was noted that X continued to X. X was X. Focus of plan of care had X. X demonstrated X. X was X. X was X. X demonstrated X. The plan was to continue X. X demonstrated compliance with X. A X of the X dated X. There was X. Treatment to date included X. Rationale: "Regarding X, ODG recommends X. In this case, the claimant X. In the discussion, it was noted that the claimant was last seen on X. The provider would like X. Review of documentation indicates that the claimant has been X. The claimant's response from the X. There is X. In addition, there is X. Therefore, the request is X. X is recommended. "An appeal letter dated X, from X noted that X was X. X was to X. Rationale: "X, ODG X guidelines recommends X. In this case, the claimant X. Claim review reveals that the claimant was X. As per X, the claimant has X. In case discussion, the X stated the claimant has X. The X will resubmit the request when the X. Without X. X is recommended. Per a peer review and a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Regarding the X, ODG X Guidelines recommend X. In this case, the claimant had X, When comparing X to X, the X. The claimant demonstrates X. There is X. At this point of injury and

after a X, the claimant should be X. Therefore. the request is X. “The requested X. According to the medical documentation, the patient has X. The guidelines only recommend X. The current request X. In addition, the medical documentation demonstrates that the patient is X. The patient should be X. Given the X. The request for X.

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

The requested X. According to the medical documentation, the patient has X. The guidelines only recommend X. The current request X. In addition, the medical documentation demonstrates that the patient is X. The patient should X. Given the X. 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
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF X

- 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