

P-IRO 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 as a X. X was X. The diagnosis was X. Per a follow-up note dated X by X, MD, X was X. The remainder of X, X stated X. X continued to have a X. X affect had X. As a result, X wanted to X. X felt X was "X." X job did require a X. X did have some X. X stated that X. X still X. X affect should improve with X. As a result, the plan was to X. On X, X was seen by X, DO for follow-up to discuss care following X. X was much improved after X. On examination, X. X was noted at X. X was X. X and X. X were noted X. The assessment was X. X was not at X. X was recommended. X was to follow-up with Dr. X. X visit per ODG were requested. Per a note dated X by Dr. X, X was X. X still had more than X. X was able to X. X however was X. As a result, the plan was to go ahead and recommend a X. X was X. X was not X. X did not want to stay on X. At the time, X had more X. X

with X approach had helped significantly with X. X continued to have some X. X had follow-up appointment for X. X would be advised. X was satisfactory. Online "X" assessment showed X. X of the X dated X revealed X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Treatment notes report X." ODG,X. This criterion is based on X. (1) (X) Evidence indicates that X. (2) (X) Therefore, the following criteria should be considered: X. X is better supported with documentation of X. Based on X, no more than X. "Per a reconsideration review dated X by X, MD, the request for X was denied. Rationale: "Per the X report, the injured worker has X. The X dated X reveals X. The prior X. However, it appears the injured worker is still X. There is no documentation the injured worker's pain has X. There is also no documentation of X. Based on the records reviewed, the medical necessity for these treatments has X. The appeal request for X. "Thoroughly reviewed provided records including provider documentation, imaging results, peer reviews. X is not indicated at this time as there was X. X, avoidance of X. The appeal request for X"

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

Thoroughly reviewed provided records including provider documentation, imaging results, peer reviews. X is not indicated at this time as there was X. X, avoidance of X. The appeal 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 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