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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 who was injured on X. The diagnosis was X. On X, X was seen by X, MD for X. The X started on X. The X had X. X was X, X was X. The X was located at the X. It was X. X rated X at X. On examination, X was X. X was noted at X. X was noted. X was X. X was X. X was X. X of the X. There were X. X changes X. The assessment was X. X of the X. X options like X. X for X was discussed. However, X in that X and Dr. X. X did have some X. X to X. X were X. An X of the X dated X demonstrated X. There was X was noted. X were seen. X of the X dated X showed X. Treatment to date included X. Per a utilization review adverse determination letter and peer review report dated X by X, MD, the request for X was denied. Rationale: "Based on the provided documentation the claimant is diagnosed with X. On X, the claimant presented to Dr X with X. Examination of the X revealed X. X of the X performed X revealed X. The plan is for X. However, the claimant is noted to X. Guideline criteria has X. Therefore, X." Per a reconsideration review and peer

report dated X by X, MD, the request for X. Rationale: “The claimant's diagnosis includes X. The claimant complains of X. The examination noted X. The X shows X. The X show X. A X is noted. However, the guidelines require a X. This is not documented. As such, X recommend X. Therefore, the request for X.” The requested X. The guidelines recommend a X . The medical documentation does X. Therefore, the guidelines have X

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

The requested X. The guidelines recommend a X. The medical documentation does X. Therefore, the guidelines 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