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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 sustained a work-related injury on X. X had X. The diagnosis was X. X was seen by X, PA-C on X for X. X had been X. It remained X. X had a history of X. An X of the X. X was X. Initially, the symptoms X. X believed X injured X. X had X. On examination of the X. X was from X. X were X. X was X. X of the X. There was evidence of X. The assessment included X. An X of the X dated X showed a X. X was noted. Treatment to date included X. Per a utilization review decision letter dated X, the request for X: "Based on the X submitted for this review and using the X, this request is X. The records submitted for review would X. The claimant reported X. The X did note a X. The records did X. X or X was noted on the current X exam. The records also X. Given these issues which X". Per an adverse determination letter dated X, the prior denial was X by X, MD. Rationale: "Based on the X. In this case, the requested X. Per the most recent X report, the patient X.

The patient X. It is noted that the claimant has X. The X dated X did note a X. Guidelines only recommend X. Guidelines also state X. It should also be noted that the claimant's diagnoses include X. Based on the above, there is X. Hence, the appeal is X The claimant presented with X. The claimant's X did detail a X. In review of the claimant's X exams, there was a reported X. However, there were X. The records did X. There were X. Therefore, it is this reviewer's opinion that X.

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

The claimant presented with X. The claimant's X did detail a X. In review of the claimant's X exams, there was a reported X. However, there were X. The records X. There were X. Therefore, it is this reviewer's opinion that 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