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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 is a X who was injured on X. X was involved in a X. X was X. The diagnosis was X. In a letter dated X, PhD wrote, "X a X. X was referred to our X. It appears that X. X have attached the initial evaluation done by X. LPC, in which X was given the injury-related diagnoses of X. X notes described X of X. The primary concern in this case continues to be X. X. X has been X. X have again contacted X treating doctor, Dr. X and asked that X either X. There are also ongoing issues with X. It was therefore judged that X also qualifies for the X. The Occupational Disability Guidelines (ODG) specifically recommend X. Our X. and many of our injured patients are dealing with X. X has been X: X never X. X has done X. X reports to the X. It is acknowledged with the X. It is important to note that X. Given this level of X. This patient has had X. A request is therefore made of an X. This treatment request is judged to be X. These sessions were X by Dr. X in X of this year, and X have included the X "Appeal of Adverse Determination" letter written at that

time, as it clarifies a X.”Treatment to date included X. Per a utilization review adverse determination letter dated X by X, PsyD, the request for X. Rationale: “ODG indicated X. Not recommended for treatment of X. Based upon the medical documentation presently available for review, the above-noted reference X. It is documented that previous treatment has X. Unable to verify the claimant’s X. Given the clinical findings on examination, X.”In another letter dated X Dr. X wrote, “X attaching the clinical packet which was sent with the request for X. X will use the remainder of this letter to address the rationale for denial generated by Dr.X. X states that X is unable to verify the actual number of X. The Occupational Disability Guidelines (ODG) recommends X. X also make note of the fact that this X. It should also be noted that this patient's ongoing difficulties with a X. ODG is clear on the fact that these issues require treatment on a X. X has made clear that X considers our X. X is willing to X. We have made clear that this is X. Worker’s Compensation coverage extends through the X. Per the clinical documentation attached to this letter, X.”Per a reconsideration review dated X by X, MD, the request for X. Rationale: “In this case, the claimant has X. However, X continues to have X. X needs to continue with X. The guidelines recommend X. This request exceeds guideline recommendations. Therefore, the proposed treatment consisting of X.”Client is still within ODG related to a X. X has X. X appears to be X. X was described as X. Therefore, the requested X

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

Client is still within ODG related to a X. X has X. X. X was described as having X. Therefore, the requested 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