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***Notice of Independent Review Decision  
Amendment X***

**IRO REVIEWER REPORT**

**Date:**X; Amendment X

**IRO CASE #:** X

**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:

- Overturned                  Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                          Agree

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X with date of injury X. The biomechanics of the injury is not available in the records. No office visits and imaging studies are available in the records. Treatment to date included X Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The records provided do not address why additional progress from a X is anticipated, given that the injured worker has already completed a X, or why a X is not possible after discharge from such a program. Additionally, the X exceeds the X. No extenuating circumstances are documented, indicating why a X is requested in this case. Based on the information provided, the request is not shown to be supported by the ODG nor otherwise medically necessary. Therefore, the request for X is not medically necessary." "A peer review report dated X found a request for X not medically necessary on the basis that "the treating provider asserts that the injured worker has already received treatment through a X. A X is not indicated in this context. ODG further stipulates that the best way to get an X. Here, portions of the attending provider's documentation suggested that the injured worker had in fact returned to X. "X, MD wrote an appeal letter / reconsideration request on X for the denial X lumbar X between X to X .Per a reconsideration / utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "In general, ODG guidelines do not recommend additional X. A successful peer-to-peer call with X, MD was made, the details of the request were discussed. X reported that the injured worker had completed a X. The X is X. However, in this case, it was noted on peer-to-peer that the injured worker's job demands are X. Although a f X. At this time, a X appears appropriate to focus on X. Return to work is viable. ODG guidelines recommend up to X. The appeal request for X Lumbar X Thoroughly reviewed provided documentation. Agree with second peer review that patient, could benefit from X. Using ODG criteria, can have up to X. Patient has had X. Would ideally be on X. No extenuating circumstances

documented to X. The X lumbar X certified and remaining X lumbar X non certified

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

Agree with second peer review that patient, could benefit from X. Using ODG criteria, can have up to X. The patient has had significant X. Would ideally be on X. No extenuating circumstances documented to X. The X lumbar X is modified to X lumbar X certified and X lumbar X non certified

Partially Overturned

**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