

**P-IRO Inc.**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: 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 who was injured on X. X worked in X and while X. The diagnosis was X. On X, X was evaluated by X, MD for X. On the date of injury, X was going X. X was seen in X. X follows up today now almost X. X cannot put X. X has severe X. X had X, which I have reviewed. X has a X. There was X. There was also X. There was a X. The X involved about X. On X examination, there was X. X examination showed X was present. X examination showed X. X was experiencing X. There was X present. X was X. There was X. X did have a X. On examination of the X, X had a X test with X. X had X. There were X. The X was starting to X. There was X. X had X. X options were discussed and X. X of the X dated X identified a X. There was X. There was also X. There was a X. The X involved about X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, DO, the request for X, per X order. X, per X order. X, per X order was denied. Rationale: "The current diagnoses of the claimant are documented as X. X were documentation for the claimant. Prior treatment included X. In a handwritten note from X, it was stated that the claimant had X. A request was noted for X. Regarding the request for X, X order and X, per X orders, the Official Disability Guidelines (ODG) states that X. However, the X report with detailed findings was X. Therefore, the , per X order and X, per X orders are non-certified." Per a reconsideration review adverse determination letter dated X by X, MD, the denied request for X, per X order. X, per X order. X, per X order was upheld. Rationale: "Guidelines support an X. The previous review did not certify this request indicating that X, However, a detailed description of X. Subsequent official X reports of the X dated X do not include any mention of X. The X was X. There is X. Considering these X results, this request for X is not supported. Recommend non-certification." The requested X is not medically necessary. The actual X report has not been submitted for review. Per a prior review report, X dated X. The X was X. There is X. Thus, the X request cannot be X. The guidelines have X. X, per X order. X, per X order. X, per X order is not medically necessary and non certified

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

The requested X is not medically necessary. The actual X report has not been submitted for review. Per a prior review report, subsequent official X dated X do not include any mention of X. The X was X. There is no evidence of any X. Thus, the X request cannot be X. The guidelines have X., per X order.X, per X order.X, per X order is not medically necessary and non certified

Upheld

**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