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Notice of Independent Review Decision
Amendment X
Amendment X

IRO REVIEWER REPORT

Date: X;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

Medical Records Reviewed:

No Medical Records Recieved

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. Per the adverse determination letter dated X, the mechanism of injury was documented as X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “Per the ODG by MCG, X. It recommends X. In this case, the claimant had completed X. However, there is no documented measured objective X. Moreover, approval of the requested X. As such, the request is non-certified. “Per an appeal determination denial letter dated X by X, DO, the request for X was denied. Rationale: “ODG by MCG X . The patient is a X who sustained an injury on X. The request is not medically necessary and appropriate. In addition to the X. “Thoroughly reviewed provided documentation. As peer reviews mention, request for further X. No extenuating circumstances documented that would X. Further, no objective improvement noted X. X is not medically necessary and non certified

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

Thoroughly reviewed provided documentation. As peer reviews mention, request X. No extenuating circumstances documented X. Further, no objective improvement noted X. X 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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTIO**