

**P-IRO Inc.**

***Notice of Independent Review Decision***

**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

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

- X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X who sustained an injury on X. X worked at X, and X was X. X was tending to X. X had x-rays of X back which were negative. Since this accident, X has had back pain that increased with standing, bending, lifting, and walking. X also noted that X had episodes where X legs went numb. The diagnoses included strain of muscle, fascia and tendon of lower back, subsequent encounter.

PLEASE NOTE, NO OFFICE VISIT IS AVAILABLE IN THE PROVIDED RECORDS

Per the Utilization Review Adverse Determination by X, MD on X, the request for X was non-certified. Rationale: "In this case, the claimant has chronic low back pain. The physical examination does not clearly document X. The claimant's MRI of the lumbar spine is not provided for review. Based on the ODG, a medical necessity is not established."

Per the Reconsideration Adverse Determination by X, MD on X, the request for X was non-certified. Rationale: "After clinical discussion X agreed that this sounded more like a X and agreed to a denial of request."

Thoroughly reviewed provided records.

Patient with continued pain issues but no documentation supports significant radicular findings, and no corresponding MRI findings. Thus,

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request for X is not warranted. 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 records.

Patient with continued pain issues but no documentation supports significant X. Thus, request for X is not medically necessary and non-certified

Upheld

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE