

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]:

Patient Clinical History (Summary)

X who was injured on X.

Only 2 utilization reviews and 2 peer reviews were available for review. No office visits or imaging studies were available for review.

Per a utilization review adverse determination letter dated X and a peer review dated X, the request for X was denied by X, MD. Rationale: "The request for the X is not medically necessary. Per ODG, "X. There were no atypical or red flag signs in this case documented. X was not recommended with typical findings of radiculopathy including combined dermatomal pain or numbness, segmental reflex loss, or myotomal weakness. X was moderately sensitive (X and highly specific (X for cervical radiculopathy. ODG notes that X. This patient was noted to have X. The anatomic basis for this feature lies in the fact that the X. It is possible to X. As a result, the patient may report radicular pain that correlates to the MRI without having X." The ODG states that the X is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by X. Per ODG, the X is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms of radiculopathy. Therefore, the request for the X is not medically necessary." "The request for the X is not medically necessary. The condition in this claimant is chronic and although the intensity of the

pain between visit X have changed from intermittent to constant the radiculopathy and paresthesias have remained. Per ODG, an X is not recommended for X. Although ODG does state that an X. It is noted that the ODG does state that X may be required by the AMA Guides for an impairment rating of radiculopathy, however it is not noted that the purpose is for impairment rating at this time. The X which is requested, per ODG it is noted when X is combined with nerve conduction testing, entrapment neuropathies and polyneuropathy (which often mimic radiculopathy) can be detected, however in this case these diagnoses are not noted to be considered. Therefore, the request for the X is not medically necessary.”

Per a reconsideration review adverse determination letter dated X, and a peer review dated X, the appeal request for X was denied by X, MD. Rationale for denial of appeal request for X: “The request is not medically necessary. The ODG does not generally support X of clinical obvious radiculopathy. There is no evidence or assertion made in the records provided for review that the claimant’s complaints are thought to be due to or are otherwise suggestive of an etiology aside from cervical and lumbar radiculopathies. Based on the information provided, the request is not shown to be supported by the ODG nor otherwise medically necessary. Therefore, Appeal X is not medically necessary.” Rationale for denial of appeal request for X: “The request is not medically necessary. The ODG did not generally support electrodiagnostic testing for evaluation of clinically obvious radiculopathy. There was no evidence or assertion made in the records provided for review that the claimant’s complaints are thought to be due to or are otherwise suggestive of an etiology aside from cervical and lumbar radiculopathies. Based on the information provided, the request is not shown to be supported by the ODG nor otherwise medically necessary. Therefore, Appeal X is not medically necessary.

Thoroughly reviewed provided records including peer reviews. Patient with known lumbar radiculopathy and appears to have symptoms in similar distribution as prior. Thus, it is unclear what additional information an X would provide. Thus, request is not warranted based on cited guidelines. 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 including peer reviews. Patient with known lumbar radiculopathy and appears to have symptoms in similar distribution as prior. Thus, it is unclear what additional information an X would provide. Thus, request is not warranted based on cited guidelines. 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:

- 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