

IRO Express Inc.
Notice of Independent Review Decision

IRO Express Inc.

An Independent Review Organization
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Notice of Independent Review Decision
Amendment

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:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input checked="" type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured in a motor vehicle accident on X.

Please note, there are no medical records available for review, other than 2 utilization reviews and 2 peer review reports.

Per a utilization review adverse determination letter dated X, and a peer review report dated X, the request for X was denied by X, MD. Rationale: "The request is not medically necessary. The peer requested a modification of the request to X. The peer stated that the claimant has periprocedural anxiety. When asked if the claimant had previously X. When asked if there was a specific indication for X. The peer declined to modify the request to X. As the requested X is not shown to be supported by the ODG nor otherwise medically necessary. Therefore, the request for X is not medically necessary."

Per a reconsideration review adverse determination letter dated X, and a peer review report dated X, the appeal request for X was denied by X, MD. Rationale: "The current plan includes a X. A previous file review was denied on X due to not X. The request is not medically necessary. Based on the documentation provided, the ODG (updated X)-Online version, X, is not satisfied. In particular, there is no documentation of X. Therefore, the request for X is not medically necessary."

Thoroughly reviewed provided records including peer reviews.

Patient with continued pain despite conservative treatment and with identified changes on MRI that may be consistent X. Thus, pursuing requested X described as "X" appears warranted. However, request for X does not appear warranted, as the patient had some anxiety but unclear if X. X is medically necessary and certified. 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 continued pain despite conservative treatment and with identified changes on MRI that may be consistent X. Thus, pursuing requested X described as "X" appears warranted. However, request for X does not appear warranted, as the patient had some anxiety but unclear if X. X is medically necessary and certified. X is not medically necessary and non-certified

Partially Overturned

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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