

**P-IRO Inc.**

***Notice of Independent Review Decision***

**P-IRO Inc.**

**An Independent Review Organization**

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## **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

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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 hit X head on the date of injury. The diagnosis was radiculopathy of cervical region, cervicalgia, cervical disc disorder with radiculopathy of unspecified region, cervical disc disorder at X level with myelopathy, cervical disc disorder at X level with myelopathy, cervical disc disorder at X level with myelopathy, and traumatic arthropathy of unspecified ankle and foot.

On X, X, MD evaluated X for a follow-up on imaging. On X, X had undergone X. X continued to have significant neck pain. X felt that both of X arms were relatively equally affected with pain and numbness. X continued to have significant difficulty with pain which occurred whenever X moved X neck. On examination of cervical spine, the incision was clean, dry and intact. Active range of motion was within normal limits including flexion, extension,

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rotation and lateral flexion. Neurologically, there was decreased X. Per assessment, disc herniation was seen at X on the left side. There was associated X. Imaging was reviewed. X continued to suffer from ongoing impairment related to X cervical spine. Specifically, X had pathology at X. There were right-sided radicular complaints but not as severe. At the time, X was not receiving the treatment beyond X as needed. X symptoms had not improved despite significant time. X had X. Based on the above and the X.

On X, X, MD evaluated X for a follow-up. On X, X had undergone X. X continued to have significant neck pain, worsening with motion. The pain travelled into both arms as well as tingling and numbness affecting the ulnar sided digits. Symptoms were worse in the left side compared to the right. X had ongoing symptoms which had not changed in any meaningful capacity. X had a denial from X most recent surgical approval attempt. On examination of cervical spine, the incision was clean, dry and intact. Active range of motion was within normal limits including flexion, extension, rotation and lateral flexion. Neurologically, there was X. X continued to suffer from X. A

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recommendation was made for X.

An MRI of cervical spine dated X revealed X. There was X.

An MRI of cervical spine dated X revealed at X, there was X. There was X. At X. At X. At X. There was X. At X. There was X.

Treatment to date included X.

Per a peer review dated X by X, MD, the request for X: X was denied. Rationale for X: “The records did not include a current imaging report for the cervical spine. The prior MRI report was more than a X and is out of date. Given these issues, which do not meet the guideline recommendations. this reviewer cannot recommend certification for the request. Therefore, the request for X is not medically necessary.” Rationale for Pre op Labs: X: “As the X request is not supported, the request for X are not supported. Therefore, the request for X: X is not medically necessary.”

Per a utilization review adverse determination letter dated

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X, the request for X: X was denied.

Per a peer review dated X, by X, MD, the appeal request for X: X was denied. Rationale for X: “Per ODG by MCG. Neck and Upper Back Chapter, Online Version, (Updated X), Cervical Fusion, Anterior, "X." In this case, the patient complains of pain in the upper back and cervical spine that radiates into both arm with numbness and tingling. Per the peer-to-peer discussion with the treating provider, the patient has X. However, physical examination of the cervical spine revealed X. Additionally, the MRI of the cervical spine revealed X. At X. Therefore, the request is not certified.” Rationale for X: X: “This request is made in relation to the indicated surgery, which is not approved. Therefore, this request is not certified.”

Per a reconsideration / utilization review adverse determination letter dated X, the appeal request for X: X, is upheld by physician advisor.

The requested X is not medically necessary. The submitted imaging report X. No new information was provided which would overturn the previous denials. X are not medically

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necessary and non-certified

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

Per a reconsideration / utilization review adverse determination letter dated X, the appeal request for X: X, is upheld by physician advisor.

The requested X is not medically necessary. The submitted imaging report does not X. No new information was provided which would overturn the previous denials. X are 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:**

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- 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

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AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE