

IRO Express Inc.  
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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 who was injured on X. X was X. X was the X. X had an X. Bystanders said that X was having a "X" but by the X. The paramedics that X might be postictal. The diagnoses were neck pain and a possible condyle fracture.

On X, X was seen by X, MD, for new patient visit regarding chief complaint of neck pain. X had a history of X. X was seen in the emergency room (ER) at X and was referred to X. X was treated with an X. X stated X neck hurt some. On examination, weight was 210 pounds and body mass index (BMI) was 33.9 kg/m<sup>2</sup>. Physical examination revealed X was healthy-appearing, and in no acute distress (NAD). X was oriented to time, place, and person. Gait and stance showed X. Motor strength of neck revealed X. On assessment, X presented with a possible condyle fracture. A X was recommended.

On X, X was seen by X for a follow-up visit for X ongoing complaints. X had history of X. X was seen in the emergency room (ER) at X. X was treated with an X. X stated X neck hurt some. Physical examination revealed X. Gait and stance showed normal X. Motor strength of neck revealed X. On assessment, X presented with a possible condyle fracture. A X was recommended.

A X dated X revealed a X. X was felt to be more likely than acute injury. It did not appear to be clinically significant in terms of stability. No x was noted.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the

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request for X was denied. Rationale: "Proceeding with the request for a X is not indicated. The guideline supports a X. In this case, the claimant reported some discomfort in the neck. They were diagnosed with possible condyle fracture and used an Aspen collar. However, the claimant's neck symptoms persisted for less than X weeks and there was no evidence that the claimant attempted conservative treatments such as X. Also, the provider indicated in the treatment plan that they would like to perform a X; however, the report did not include the X. Lastly, there was no evidence of X. Therefore, the X is non-certified."

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Proceeding with the request for a X is not indicated. The cited guideline supports a X. In this case, the claimant reported some discomfort in the neck. They were diagnosed with possible condyle fracture and used an Aspen collar. However, the claimant's neck symptoms persisted for less than X weeks and there was no evidence that the claimant attempted conservative treatments such as X. The recent report included the X report of the X which was performed on X, showing a X. Although the X result was provided, there was X. Their condition is still in the X. A phone conversation on X at X, was held with the designee, and they stated that they were not aware that the patient already had a X. Given this information, the appeal request for X is non-certified."

Thoroughly reviewed provided records including provider notes, imaging findings, and peer reviews. Patient with X. Thus, request for X is not warranted. Prospective request for 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 provider notes, imaging findings, and peer reviews. Patient with X. Thus, request for X is not warranted. X is not medically necessary and non certified.

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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