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***Notice of Independent Review Decision  
Amendment x***

**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:

- 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. The biomechanics of injury was not documented. The diagnosis was primary nocturia (X); hypocontractile bladder (X); stricture of X, unspecified stricture type (X); and urge incontinence (X).

On X, X was seen in follow-up by X, MD for urinary urgency and frequency. X presented with a past medical history of X. X endorsed urgency and frequency. At baseline, X urinated less than every X minutes and often would need to double void, returning to the restroom immediately after leaving. With X, X stated X felt X was able to more fully and satisfactorily void and did not have the double voiding urge as well as went to urinate in less frequent blocks, equal to or more than X minutes. X worked as a X and tried to go in between X. X endorsed mild dysuria and pelvic pain. X had discussed the pelvic pain with X orthopedic doctor and associated back pain. X also X. X endorsed nocturia urinating hourly. X took X, which helped when X took it. X had significant difficulty in obtaining X. The X was only able to obtain via samples, and X had otherwise not received X. Vitals showed a blood pressure of 144/94 mmHg and BMI 31.74 kg/m<sup>2</sup>. The assessment was X. The plan was to resume X, resume monthly X. X would be done to evaluate possible bladder abnormalities and follow-up on stricture. X resumed. PSA would be obtained, as the prior result was elevated and more than X years prior. On X, Dr. X

performed the following procedures: X. X needed X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, DO. Rationale: "The Official Disability Guidelines recommend X, as indicated, for X. Per records, the claimant had nocturia. Per prior UR note, the claimant had "history of X, X. Both X are used for diagnosis. There is indication of obstruction with X. Given there was lack of symptomology and clinical finding, hence, the request for X related to X is not medically necessary."

In an undated letter of appeal for coverage of X for X, X, MD X, APRN, FNP-C wrote to formally appeal the denial of coverage for a medically necessary X for their patient, X who had a documented history of X. As X treating provider, they strongly advocated for the approval of this procedure, as it was essential for the appropriate evaluation and management of X condition. X had been experiencing recurrent urinary symptoms, including difficulty voiding, urgency, frequency, and incontinence, which had significantly impacted X quality of life. Given X history of X. The denial of this procedure contradicted established medical guidelines and best practices. The X recommended X. Without this procedure, there was a substantial risk of disease progression, which could necessitate more invasive and costly interventions in the future."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "Per ODG by MCG guidelines, X is recommended as indicated for X: Follow-up CT imaging for X. X should be achieved via X and may be augmented by X. Based on recent visit, the claimant

had urinary urgency and frequency. At baseline X urinates less than every X minutes and often would need to double void, returning to the restroom immediately after leaving. With X stated X feels that X was able to more fully and satisfactory void and did not have the double voiding urge as well as goes to urinate in less frequent blocks, equal or more than X minutes. X had mild dysuria and pelvic pain. X had discussed the pelvic pain with X orthopedic doctor and associated back pain. X also experienced X. X endorsed nocturia urinating hourly, in this case, there was no recent evaluation and clinical findings for the need of X. As such, the request for X is not medically necessary.”

Thoroughly reviewed provided records including provider notes and peer reviews.

The patient has a documented history of X. Despite prior interventions, the patient has continued X is warranted based on the cited guidelines. While it is unclear if the patient’s urinary issues are directly related to work injury, the patient does meet the cited guidelines from both peer reviews to consider X. X is medically necessary and 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 and peer reviews.

The patient has a documented history of X. Despite prior interventions, the patient has continued issue thus X is warranted based on the cited guidelines. While it is unclear if the patient’s urinary issues are directly

related to work injury, the patient does meet the cited guidelines from both peer reviews to consider X. X is medically necessary and certified

Overturned

**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