

**I-Resolutions Inc.**  
**An Independent Review Organization**  
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***Information Provided to the IRO for Review***

- Clinical Records – X
- EMG and Nerve Conduction Study Report – X
- Peer Review Report – X
- Utilization Reviews – X
- Diagnostic Report – X

***Patient Clinical History (Summary)***

X with date of injury X. The biomechanics of the injury was not available in the records. The diagnoses were X pain; X.

On X, X was evaluated by X, MD for an office visit. X was status post X. X had recent complaint of X, recently where X had reported relief of preoperative X pain and was getting stronger immediately after surgery. X was X. On examination, X had positive X pain and X on palpation. Range of motion of the X degrees of X, X degrees of X, X degrees of X and X. Motor examination revealed X at X. X was X. X were X in the X (X), X (X). X was decreased in the X in the X, and X and X in the X. X test was positive.

A CT scan of the X dated X, revealed X. There was a X level X and severe X. An electrodiagnostic study of the X dated X revealed an electrical evidence for a X. There were both X and X features. There was electrical evidence for a X. There were both X and X features for both X. There was electrical evidence for a generalized X, which was most likely related to

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the above X. There was also electrical evidence for a X(X), which was related to the above X.

The treatment to date consisted of X, X(X), and X.

Per a utilization review dated X, X, MD opined that the request for X was not medically necessary. Rationale: "The claimant had X less than X weeks ago and there is no evidence that the claimant had attempted any X. Additionally, the claimant notes improvement with X and states X is getting X. it is unclear why additional X is recommended. Therefore, X is not medically necessary."

Per a utilization review dated X, the request for X denied by X, MD. Rationale: "According to the Official Disability Guidelines (ODG), (A) Recommended as an option for the following conditions with ongoing symptoms, corroborating physical finding and imaging and after failure of non-operative treatment: Per Official Disability Guidelines regarding X, "III Conservative Treatments requiring ALL of the following. A, Activity modification (X) after patient education (>=Xmonths) B. X Therapy, requiring at least ONE of the following: 1. X therapy, 2. Other X therapy, 3.X, 4 X(X)" Based on the review of the provided documentation, the claimant has complaints of X. Examination findings revealed positive X pain, X. X degrees. X decreased in X, and X.X. Positive X test. An EMG study taken on X revealed there is electrical evidence for a X. There are both X and X features. There is electrical evidence for a X and X. There are both X and X features for X. There is electrical evidence for a generalized X. This is most likely related to the above X. There is electrical evidence for a X injury to the X(X). This is related to the above X. However, there continues to be no evidence the claimant had exhausted X

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care treatment. Therefore, medical necessity has not been established for the requested X.”

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The claimant has been followed for X and is status post X. The post-operative CT from X noted multi-level post-X. No significant issues were reported at X. The claimant’s electrodiagnostic studies are consistent with the surgical history. The records did not detail any post-operative rehabilitative efforts. As of X, the claimant was stated to be improving and there was no specific rationale for performing further surgery. The potential benefit from further surgery vs. the risks involved were not clearly established. Therefore, it is this reviewer’s opinion that medical necessity is not established and the prior denials are X.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines

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- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

**Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

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For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.