True Resolutions Inc.

Notice of Independent Review Decision

True Resolutions Inc.
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PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X developed X. The diagnoses were X. On X, X was seen by X, MD for X. X stated that the X. X activities of X. X remained active with X. X was taking X. Examination of the X showed X. X test was X. X was limited by X. The X was moderate pain noted with X. Dr. X discontinued X. X had a follow-up evaluation by X, MD on X. X reported continued severe pain and would like to discuss surgery options. X-rays revealed X, MRI revealed X. Examination was remarkable for X. The X exam showed X. X were X while X. X continued to have severe X. X to X was X. X were trace. X was noted to be X. X was refilled. An EMG of the X dated X showed X consistent with an X. MRI X dated X identified, in reference to the X, X surrounding the descending X. A X was noted at the X. Strain of the X was evident. A X ultrasound of the X showed no evidence for X. Treatment to date included X.

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

The claimant had been followed for X. The claimant had been treated with X. EMG studies did note continuing X. The X MRI did note X. The X was also X. At this point, it is unlikely that the claimant would improve X. With any X, it is very likely that X would occur at this level as the pathology on MRI would warrant a X. Therefore, it would be reasonable to proceed with the X. As the X request is indicated, the X requests to include X would be appropriate in order to rule out any X that could increase the risks for X.

Given the documentation available, the requested service(s) is considered

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medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTX CLINICAL BASIS USED TO MAKE THE DECISION:

- ☑ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☑ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES