

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

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**Independent Resolutions Inc.**  
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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was diagnosed with X. On X, while X, X was X. X was seen by X, DO in multiple visits. On X, X presented for continued care regarding X. X was X. X had X. X had a X. Over X prior, X got excellent relief utilizing X. X walked with an X. X pain was anywhere from X. X was on X. X used X. X intake X was consistent with those agents. X had already X. It was noted that X physical findings were consistent with X consistent with the ODG guidelines. Dr. X opined that due to X ongoing X and X, X would require X. On X, X presented for a follow-up visit. The first X. X. X had less X. X had X. On X, X had X. X had a X. X had responded favorably to X. X had a X. An MRI of the X dated X demonstrated X. At X, there was X. There was X. At X, there was X. There was less than X. There was X. At X, X. There was X. At X, there was X. There was X. The X was X and X. There was X. There was X. Per a utilization review dated X, the request for X was denied by X, MD. Rationale: "There is no documentation that X will be used in conjunction with a X; the medical reports submitted were limited for comparative evaluation to objectively validate subjective claims of pain relief, improved function, and decreased need for medication; the patient is x, which are not addressed; there was no clear evidence of objective response that the patient had X." Per a utilization review dated X, the request for X was denied by X, MD. Rationale: "In light of this presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X is not medically necessary as an objective comparison from X noted on X could not be established as there was no official X report and objective quantifiable findings in the medical report dated X and X."

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

As noted in a prior physician review, the medical records do not clearly discuss benefit from a X in objective/verifiable terms. Moreover, Official Disability Guidelines generally encourages X early in an injury in order to facilitate initial active functional restoration. The rationale for an X instead on a chronic basis currently would not be supported by the treatment guidelines.

Given the documentation available, the requested service(s) is considered not medically necessary and the decision is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL