

**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 injured on X. The mechanism of injury occurred when X. The diagnoses were X. In an office visit by X, DO dated X, X continued to do well. X was reporting more than X. X was using X. X was back to work X. X was getting appropriate X. A combination of medication in conjunction with X. There was a prior denial for X. Per Dr. X, a X should be performed X. There was a plan X. X center for X. The X. An MRI of the X dated X was X. A X Report dated X was positive for X. Treatment to date included X. A peer review report by X, DO dated X indicated that request for X was denied with a rationale stating that: "Based on the documentation provided and per the ODG 2019 guidelines, the requested X is not medically necessary at this time. Though the claimant has a diagnosis of X, the only provided procedure note was on X and it was noted that the claimant had X relief from the documentation of X. It is unclear the number of X the claimant has already gone through. There was no clear documentation of the number of procedures the claimant has been treated with, and so the request is not considered medically necessary at this time. As per ODG 2019 guidelines, "In the X, maximum sustained relief is generally obtained after X. These X are generally given X. Continuing treatment X." As such, the request is not medically necessary at this time. Therefore, the request for X is not medically necessary." Per a peer review by X, MD dated X, the request for X was not approved. This was based on the rationale stating that, "In this case, within the documentation available for review, this request was denied on X. In addition, there is documentation that the claimant had X. However, there is no documentation that X is being incorporated as guidelines identified that X. Therefore, the request for X is not medically necessary." A peer review report dated X by X, MD was documented. X indicated

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that the appeal request for X was not medically necessary. Rationale: “The claimant has X. There is X and no complications occurred from the prior X. The requesting provider has a clear grasp X are to be performed. However, there was no clear psychological or clinical indication noted for X. Due to jurisdiction, this cannot be modified. Therefore, the request for appeal X is not medically necessary.”

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. Per a peer review by X, MD dated X, the request for X was not approved. This was based on the rationale stating that, "In this case, within the documentation available for review, this request was denied on X. In addition, there is documentation that the claimant had X. However, there is no documentation that X is being incorporated as guidelines identified that X are not a stand-alone treatment. Therefore, the request for X is not medically necessary." A peer review report dated X by X, MD was documented. X indicated that the appeal request for X was not medically necessary. Rationale: “The claimant has X. There is X in place and no complications occurred from the X. The requesting provider has a clear grasp on X are to be performed. However, there was no clear psychological or clinical indication noted for X. Due to jurisdiction, this cannot be modified. Therefore, the request for appeal X is not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. Guidelines note that X should generally be given in fairly quick succession and continuing treatment longer than X weeks is unusual. This patient’s X occurred X. There is no documentation of X or X. Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER**

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**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