

I-Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste B
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 790-2280
Email: manager@i-resolutions.com

Information Provided to the IRO for Review

- Clinical Records – X
- Adverse Determination Letter – X
- Appeal Determination Denial Letter – X
- Prospective Review Response – X
- Diagnostic Data Reports – X

Patient Clinical History (Summary)

X with a date of injury X. X was X when suddenly X . As X tried to pull it out, X extended X X with a X. X was diagnosed with X pain.

Per a visit note dated X by X, MD, X presented after an on-the-job injury on X, complaining of X. The injury had resulted in X pain and subsequently, radiation down X . X described X. On examination, X was noted to be X. X was able to X but had pain on extension. The strength of the X. Sensation was X. X was positive at X degrees on the X. An MRI of the X was reviewed. Dr. X opined that X would benefit from a X.

On X, X was evaluated by X, MD for the acute X pain and X pain. X presented and X follow-up. X rated the pain as X . The pain was located in the X area, and it radiated to the X, X. X reported the pain was worse to the X . X had a X. The pain was described as X. It was aggravated with X. It decreased with medications and rest. X had X sessions of X in X, with limited success. X also had a consultation with Dr.X , a X surgeon. On examination, X was XX, and XX was limited. X had limited range of motion and a X. X test was positive at X degrees on the X and X degrees on the

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X. test was positive at 0 degrees on the X degrees on the X. X showed tenderness of the X. X showed X region, the X, the X, and the X. Active range of motion showed X to the X degrees and the X degrees, rotation to the X degrees and the X degrees; and flexion X degrees, and extension X degrees, and pain with motion. There was severe pain with extension at X degrees with referable pain to the X. X was able to X was noted. X was unable to X. The motor strength was X with X extension, X, great X extension and X.

X report dated X showed abnormal X examination. There was X injury.

An MRI of the X dated X revealed a X . The x was referred to as x for counting purposes. X-ray of the entire x might be suggested for exact numbering of X. A posterior X level was noted. At X, there was a X location, by as much as X. There was X. At X there was a X in location, by as much as X, which X upon the anterior X. There was a X. There was X. At X, there was a broad-based X in location, by as much as X, which X. There was X. There was moderate X.

Treatment to date included medications (X), 1X sessions of X in X with limited success, X (offered mild relief of pain for about one day then a week after X felt X relief of pain for about X months and X pain had diminished),X.

Per utilization review determination letter dated X, the request for X inpatient X-day stay for X was denied. It was determined that X was an option for ongoing symptoms corroborated by physical examination findings and imaging after failure of lower levels of care. It could be indicated for X, X. There was no documented X. The MRI was not

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provided for review to support the request. Instability criteria included X , and there should be documented and objectified motion within certain parameters. There were no X for review. A X with confounding issues addressed was recommended prior to X. That was not submitted for review. The guidelines support a X of stay after X. Postoperative X was under study and had a lack of evidence supporting use, but a standard X would be preferred over a X. Since the requested procedure was not indicated, it obviated the need for an X and the postoperative length of stay. The request for a X was not certified.

An appeal determination denial letter dated X indicated that the reconsideration request for X was denied / non-certified. Rationale: Per utilization review documentation dated X, the requested surgical procedure and the X requests were denied. There was no documentation provided indicating that the procedure outcome had been overturned and certified. As such, the request could not be facilitated at the time.X the X, indicated additional clinical information would be faxed for review. At the time of submission no additional clinical had been received. Therefore, the request for X was denied.

A prospective review (XX) response letter dated X indicated that XX maintained its position that the proposed treatment of X was not medically reasonable and necessary for the treatment of the compensable injury. "The requested surgical services are not supported because the Official Disability Treatment Guidelines are not met. Therefore, the suggested X: Inpatient two-day stay for X as requested by X, MD at X XX XX, XX in a patient where there is lack of X views documenting any X, no X , and lack of failure of X is not supported and is not medically reasonable or necessary at this time."

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

The records submitted for review would not support the requested procedures as reasonable or necessary. The claimant had been followed for symptoms of X with the clinical findings supporting this diagnosis based on the physical exam, X. However, the claimant's imaging did not demonstrate any evidence of significant X that would support considering a X procedure. The literature does not currently support performing X to address X only. Further, the records did support obtaining a pre-operative XX assessment for the claimant which was not submitted for review. Given these issues, it is this reviewer's opinion that medical necessity for the X request and X is not established and the prior denials are X. Given the documentation available, the requested service(s) is considered not medically necessary.

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
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- 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

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- ODG-Official Disability Guidelines and Treatment Guidelines
- 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.