

# I-Resolutions Inc.

An Independent Review Organization

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## **Information Provided to the IRO for Review**

- Clinical Records - X
- Adverse Determination Utilization Review - X
- Utilization Reviews - X
- Letter - X
- Appeal Reconsideration Determination Utilization Review - X

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

X. X is a X-year-old X who was injured on X. The mechanism of injury was not found in the available medical records. X had a history of X status X / X with resulting problems including X, X/ X; X complaints improved off X; X; X and X affect (improved); and X I /X. X other diagnoses included X, X,X; preexisting X and X and X.

On X, X. X was seen by X, MD for subjective complaints of X. X presented on this day initially for a X but wished instead to discuss the specific details of the procedure. X wished to proceed with scheduling an X and the X would be scheduled in the X or two. The diagnosis included . On X, X. X reported X on a daily basis. X stated X was tolerating all of X medications well and reported that X believed there may be a decrease in the amount of disability that X was experiencing from X X in the sense that X was able to work better, complete tasks with less disability and overall function better. Examination findings included pain on X of the X X. The X score at the initial consult was X. The most recent procedure dated X showed X X score was X, indicating a slight increase in X degree of X but a significant decrease in X number of X free days and a X decrement in X X.

Treatment to date included medications (X) X without any significant decrement in the number of X. X reported overall feeling better but continued to have X.

Per Utilization Review report dated X, X, MD denied the request for X (X)X. Rationale: "ODG Guidelines note greater X X(X) is under study for use in treatment of primary X. Studies on the use of greater X(X) for treatment of X and X show conflicting results, and when positive, have found response limited to a short-term duration. Within the associated medical file, there is documentation of subjective findings of X. The patient has taken X. However, there is no clear objective documentation of functional X on the most recent X examination or documentation to support this treatment, given the lack of guideline-supported proven efficacy. There is no clear documentation that all appropriate guideline-supported X options have been exhausted, including X X. Therefore, I am recommending non-certifying the request for X."

Per Appeal / Reconsideration Determination - Utilization Review dated X, the denial for the request for X was upheld by X, MD. Rationale: "ODG-TWC states that greater X is under study for use in treatment of primary. Studies on the use of greater X (X) for treatment of X and X show conflicting results, and when positive, have found response limited to a short-term duration. In this case, the requested X addressing the X is not indicated to address the claimant's pain complaints, given the limited scientific evidence for its use. Without any special circumstances to support X above guidelines, the medical necessity of this request is not established. Recommendation is to deny X."

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

At present, there is limited evidence about quality of life and impact of X on X. Large, randomized clinical trials with long-term follow-up are required to demonstrate that X provide health benefits, to define the clinical role of X, and to establish patient selection criteria. The request is experimental/investigational and not medically necessary for this patient's condition. There is no clear objective

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## ***Notice of Independent Review Decision***

Case Number:

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documentation of functional X on the most recent XI examination or documentation to support this treatment above guideline recommendations. Given the documentation available, the requested services are considered not medically necessary.

Per X: "The block of the greater X with an X and X has proved to be effective in the treatment of X. Regarding the treatment of other X and X, controlled studies are still necessary to clarify the real role of X."

Per X: "Despite the common use of X by clinicians involved in the care of patients with X, there has been no standardized approach for the performance of these procedures. A recent survey conducted by the X Section for X and other X Procedures (X) showed that X of responding practitioners used X; however, patterns of X, X, volumes of X, and X schedules varied greatly." "With the exception of X, there is a X of evidence, and further research may result in the revision of these recommendations to improve the outcome and safety of these interventions."

Per X: "Although current knowledge on X suggests a central, there is some evidence that interventions targeting X are able to modulate X involved in pain control and that they could be useful in some selected patients. Larger, well-designed and comparative trials are needed to appraise the respective advantages, disadvantages and indications of most interventions discussed here."

### ***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
- 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)

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Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

X for the treatment of X and X—a practical approach. X: The Journal of X.

X recommendations for the performance of X—a narrative review X: The Journal of X  
X: Current approaches and perspectives X.-

### **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

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.