

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

Patient Clinical History (Summary)

X who was injured on X. X. X was diagnosed with unspecified X

On X, X underwent X, performed by X, MD.

X, DC evaluated X on X for X. The pain was located in the X. The pain was X. The pain level was X. It was X at its worst. The pain increased in the X. The aggravating factors included X. The alleviating factors included X. The associated symptoms were X. The X examination showed X.

On X, X presented to Dr. X for X evaluation. X had X pain and X. X was anxious to begin X. The examination remained unchanged from the prior visit. X was recommended.

A CT scan of the X dated X showed X. An MRI of the X dated X revealed an X. There was X. X was noted. The X suggested X. There was X.

Treatment to date included medications X.

Per a utilization Review Determination Letter dated X by X MD, the request for X was non-certified. Rationale: "Regarding X, the Official Disability Guidelines X chapter recommends up to X. The claimant had not started X. X continues with some X. X appeared reasonable to X. The request for X excessive should be modified to allow X in keeping with guideline recommendations."

Notice of Independent Review Decision

Per a Reconsideration Review Determination Letter dated X by X, MD, the request for X was denied. Rationale: “The Official Disability Guidelines indicated that X. The prior request for X was denied. The requested X were exclusive. A peer-to-peer discussion was not established. Therefore, the treatment was denied. The provider requested a return peer phone call. The information for the appeal dated X was incomplete. There were no objective findings on examination. The note was incomplete. There were no exceptional factors noted. This case cannot be partially certified without peer-to-peer discussion and agreement.”

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

The ODG recommends up to X. The provided documentation indicates the injured worker underwent X. Per the X note from X, the injured worker was unable to obtain X. The two previous denials for X. The current request is for X. As there has not been any previous X which is within the ODG recommendation, recommendation is for certification X. Given the documentation available, the requested service(s) is considered 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
-
- 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

I-Resolution Inc.

Notice of Independent Review Decision

- 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
- 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

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.