

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

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**Independent Resolutions Inc.**  
**An Independent Review Organization**  
**835 E. Lamar Blvd. #394**  
**Arlington, TX 76011**  
**Phone: (682) 238-4977**  
**Fax: (888) 299-0415**  
**Email: carol@independentresolutions.com**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who reported a work-related injury on X. X. X stated X heard a X and went to the X where X was diagnosed as having an X. X stated X continued to work and continued to have X. The ongoing diagnoses are X. X was evaluated by X, DPM on X for the chief complaint of X. X presented for follow-up of X work-related problem. X stated X had been working; however, X had a lot of X when X did. X had to be on X and was unable to do it. It significantly limited X, and X had to X. X was concerned X may make X. The pain was significant with X. X got the X but could not X, as it X. X also has X, for which X took X. X wanted to have a different medication, as the X had not been helping. X had tried X, which X did not like. X also reported X in X, which was X in nature. X examination noted X. The X with no significant X. X was noted. X. X. Prior x-rays of the X were reviewed and revealed destructive changes with X. The X was X. There was also X. The X appeared to have X. Dr. X documented that X clearly had X. X certainly predisposed X to developing X, but these were not the direct cause of the X. X typically occurred as a result of injury versus repetitive X. X could be caused by an X. It may not immediately show X or X. Per a peer review dated X, an MRI or the X was completed on X. The study was interpreted by X, MD as X appearing injury to the X including X at the X. X in the X may be from a X. There was moderate-to-severe X. X-rays of the X dated X showed changes of X. X-rays of the X showed destructive changes of the X as clinically appropriate. Treatment to date included medications (X which did not help, X which X did not like, X), use of a X. Per a utilization review determination letter dated X, X, MD denied the request for X: X as the clinical findings did not appear to support the medical necessity of treatment indicated above. Rationale: "A peer to peer took place between Dr. X and Dr. X on X. The provider stated that one of the X is X from the

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X. The surgical plan was discussed. Patient had a similar procedure on the other X. An X can affect and X event and would require X, it was stated. The patient was first seen by the provider in X, several months after the injury. The patient complained of X. It was stated that the patient does not have an X. The determination was left with the provider. On X, a request was non-certified for X. X, X. It was noted that according to the evidence-based guidelines, surgery for X is generally not recommended. As noted above, a request for X was previously non-certified as the guidelines do not support X. The physician has now removed the request for X. However, it remains relevant that the Official Disability Guidelines do not recommend any type of X. Based on the peer discussion, the provider feels the main complaint is pain from X. There are no findings supporting that X is needed at that level. No further changes were present since the previous submission on either x-rays or enhanced imaging. Based on this information, the medical necessity remains unsupported. Therefore, my recommendation is to NON-CERTIFY the request for X appeal of adverse determination letter dated X, X, MD upheld the original determination and could not recommend certification of the procedure / treatment as medically necessary for the following reason(s): "As noted above, the request for X has been non-certified on multiple occasions with the most recent non-certification on X after the physician removed the request for X. It was pointed out that guidelines do not recommend any type of X. A peer-to-peer discussion had been performed with the previous reviewer and the provider felt that the main complaint was pain from X. No further changes were noted since the previous submission on either x-rays or enhanced imaging. This rationale remains relevant to the current request. The updated documentation includes a request for review by an independent review organization from X, without an indication that clinical findings have changed. The denied service was identified as "X", suggesting that the X, which is not supported by the Official Disability Guidelines. Based on this information, the medical necessity is not demonstrated for the X or the associated requests. Therefore, my recommendation is to NON-CERTIFY the APPEAL for X

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

The ODG does not support surgical intervention for X and recommends X and X. The documentation provided indicates that the injured worker has ongoing complaints of pain related to X which is not improved despite X. A physical examination documented X and imaging documents X. Additionally, the patient has X. The treating provider has recommended a X and associated procedures with X. Based on the documentation provided, the requested X procedure and X would not be considered medically necessary or supported by the ODG as guidelines do not recommend surgical intervention for X.

Given the documentation available, the requested service(s) is considered not medically necessary and the request is upheld. Given that X would not be considered medically necessary, a X would not be considered medically necessary.

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