

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

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**Independent Resolutions Inc.**  
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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X with date of injury X. Per the physician advisor report dated X by X, MD, the mechanism of injury was detailed as X. X was diagnosed with X. X was seen by X, PA-C on X for X. X described X pain as X. It was rated X. The verbal rating scale was X. X reported no change in X pain. X slept most of the X. The X medications included X. X suffered from X pain with X. X was being managed with a X. X pain had significantly reduced with the use of X. X pain remained well controlled with X. X was X. X had been using the X without adjustment. X additionally continued to utilize X as needed for breakthrough pain, which had been allowed for some time. X had been able to minimally utilize X. X was taking X. X had been discontinued due to X. X did continue to have an X and was being managed by X primary care physician (PCP). X did have X. On X, X pain was rated X. X reported no change in X pain. X continued to X. X continued to use X. X condition was stable at the time. X had breakthrough pain about X and wished to have X. Examination findings remained unremarkable. Per an undated letter, the reason for the denial of an X was that the medical records, which were given for review lacked clear documentation of the X. X suffered from X pain with X. X pain had been managed with a X as well as an X. It was rated X. X remained stable; however, X had been experiencing breakthrough pain around X. X was given X pain. X pain remained otherwise well-controlled with the use of X. X also utilized X. X felt that X was medically necessary as it had helped to decrease X X pain and X had been able to continue with X activities of daily living. A CT scan of the X dated X revealed X. Changes were in X. No X was evident. There was X. There was no X. At the X were noted to be in expected position. There was no X noted. There was no evidence of X. There was no X seen. The X confirmed the above findings.

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They also confirmed the lack of significant X. Extensive X were noted. No significant X process was evident at the time. Treatment to date included medications consisting of X. A Physician Advisor Report was completed by Dr. X on X. The request for X was non-certified. Rationale: "The records submitted for review would not support the requested X as reasonable or necessary. The records did not include a recent evaluation of the claimant discussing the efficacy of the X. Further, the request did not X. It is unclear if any X were planned. Additionally, it is unclear if the claimant is continuing to take X. Without additional supporting clinical information to support the requests, this reviewer cannot recommend certification for the request." A Physician Advisor Report was documented by X, MD on X. The request for X was non-certified. Rationale: "According to the Official Disability Guidelines, X. If the treatment is determined to be medically necessary, as with all other treatment modalities, the X. Also, the Official Disability Guidelines noted with the X. The patient was noted to be stable, and stated about X to address this, a prescription will be given to the patient for X. However, the medical records that were given for review lack clear documentation of the X. In addition, the request X the patient would require relieving their current pain and there were no exceptional factors noted within the documentation to support that this patient in an outlier to the guidelines. As such, the request for X is non-certified."

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

A current appeal letter with a fax date of X discusses this patient's history of X. In that letter, Nurse Practitioner Shaw opined that X is medically necessary to decrease the patient's X. A prior review recommended non-certification of the current request given that it was unclear that an X was required. While a detailed assessment process was required at the time an X is placed, it would be unusual to discontinue a X.

Given the documentation in the appeal letter, at this time this request is medically necessary and overturned.

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**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