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Patient Clinical History (Summary)

X who sustained an injury on X. X was X. The diagnosis was complete X.

X was assessed by X, MD on X for X complaints. X had undergone X. X had a designated doctor visit on X. On X, X was X. On X, X was X. At the time, X was not able to make as much improvement as X wanted because X had trouble with X. X also complained of some X. Dr. X thought X. On examination, X had X. There was X. X had a X sign, which was mild in X. There was X. The X degrees, X degrees, X degrees, X degrees, X degrees, and X degrees. X had a X. X had X signs and no instability in X. X of the X dated X revealed X. An X of the X dated X showed X.

X re-evaluation on X at X. X continued to have X pain, rated at X. There was a continued increase in pain level in the prior several months. X reported difficulty with use. X stated that X was X. On examination of the X, the X showed X degrees, X degrees, X degrees, and X degrees. The X demonstrated X degrees of X. The X was X, X. X had difficulty with X. The X was X.

The treatment to date included medications X.

Per a utilization review decision letter and peer review dated X, the request for X was denied. Rationale: "Per the provided documentation, it was noted that the injured worker received X. The injured worker

underwent X. The injured workers' current medications were X. According to the X re-evaluation dated X, the injured worker reported X scale to the X that continued to increase in the last several months. The injured worker reported difficulty with use. On examination, the X, X, X. The X. The X. Regarding this request, per ODG X treatments indicates X is appropriate; however, the request exceeds guidelines. Additionally, the X is not supported by the guidelines as injured worker outcome, X is not appropriate. The records have failed to indicate the injured worker as an X of the guidelines and without a peer discussion, a modification cannot be recommended. Therefore, the requested X is not medically necessary."

Per an adverse determination letter and peer review dated X, the request for X. Rationale: "The injured worker sustained an injury on X. The injured worker was diagnosed with X, X. According to the documents provided, the injured worker had X postoperatively. The injured worker had a X. ODG guideline do allow X at a rate of X. The injured worker is X. The injured worker would benefit from X, but this request exceeds the guidelines criteria. A successful peer-to-peer call with X, MD, we discussed the case. Dr. X stated that the injured worker had a X. Dr. X was willing to modify but X. X (unattended) is not supported by the guidelines and is not medically necessary. This slightly exceeds ODG guidelines; however, is reasonable given the injured worker's X. The request is modified to X as medically necessary."

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

The ODG supports up to X following the X. Guidelines do not support X. The documentation provided indicates that the injured worker underwent a X. The injured worker has ongoing pain and X. A recent X. Additionally, there is X. The provider has recommended X. A previous review indicates that a peer-to-peer call indicated that the injured worker still has significant X to not include X was recommended. Given the persistent reduced, ongoing X would be indicated. It is unlikely that there

would be significant gains with X additional visits; and therefore, a modified certification for X to include 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
- 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
- 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.