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

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X when X. At another place in the records, the mechanism of injury was detailed as X. The ongoing diagnoses were X. X was evaluated by X, MD on X, for follow-up of X pain. X requested a X. X reported a X injury after a car wreck on X and had been X. X needed medication refills. X stated X could not remember if X had a X scheduled or not. X stated X no longer had a X for X because Dr. X stopped taking Workers' Compensation. Dr. X had done a X on X, and X reported good pain relief. X rated X pain as X with X. On examination of the X, X were noted. X had X. The X was X. The X was X. A X of the X dated X, revealed findings of X. X evaluation at this level. X were noted at X levels with X level. The X entered the X at the X level, X. A X was noted. X-ray of X dated X revealed, X, demonstrated with X level. X-ray of the X dated X revealed, X. There was loss of X. A X screen dated X was positive for X. A DPS on X showed X received X. Treatment to date included X. Per a Utilization Review Adverse Determination Letter dated X, the recommended prospective request for X was noncertified. Rationale: "Based on the clinical information provided, the request for X is not recommended as medically necessary. There are no updated imaging studies/electrodiagnostic results submitted for review as the CT provided is approximately X years old. Additionally, there is no rationale provided to support the request for X. There is no documentation of X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines." Per a Reconsideration Review Adverse Determination Letter dated X, the recommended prospective request for X was noncertified. Rationale "This case involves a now X with a history of an occupational claim from X. The mechanism of injury was detailed as X. The patient's current diagnosis is documented as X. The patient is X were documented as X. Denial documentation dated on X, noted that the claim for X was noncertified due to lack of updated imaging studies electrodiagnostic results, no rationale provided to support the rationale for X to include documentation of X. Follow-up visit dated on X noted

that the patient was in the clinic for a follow-up visit for X pain. The patient reported a X after a X on X and had been X. Worker's Comp denied the patient X. Due to lack of peer to peer the patient rated their pain as X out of X with pain medication a X was performed on X and the patient reported good results and relief of pain. Physical examination of the X noted X the patient noted X. X was X. Documentation of imaging studies included x-ray on X showed X. Electromyography (EMG) of the X on X noted no X. The recommended plan for the patient was due to X. The request is for the X. Peer to peer was attempted but not established. Official Disability Guidelines recommend X for patients being treated for X defined as pain in X. This is generally referred to as the "X." Indications for repeat X include X. The consensus recommendation is for no more than X per region per year. Repeat X should be based on continued objective documented X. The patient X was denied by Worker's Comp. due to X the patient-rated their pain as X out of X with pain medication a X was performed on X and the patient reported good results and relief of pain. Physical examination of the X noted X the patient noted X. X was X. Documentation of imaging studies included x-ray on X showed X. EMG of the X on X noted no X. However, there is a lack of documentation noting objective documented X to warrant the medical necessity of this X currently per recommended guidelines. In addition, X must be corroborated by imaging studies and electrodiagnostic testing, unless X are all present. X additionally requires significant recent symptom worsening associated with clearly documented X. As such, the request for X is noncertified."

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

Official Disability Guidelines discusses X. X are generally recommended early in the course of an injury in order to X. Such an X is not generally recommended in a X such as currently. Moreover, specific benefit from prior X in terms of X is not clearly documented. Moreover, the medical records do not clearly document a specific change in the X.

Given the documentation available, the requested service(s) is considered not medically necessary and the decision is upheld.

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