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**PATIENT CLINICAL HISTORY [SUMMARY]:** X with date of injury X. While at work, X was X. While X. X was seen by X, DO on X for the evaluation of X pain. The pain was rated X at the time and increased with movement. On examination of the X, there was X at the X, at the X. X was to X. There was X of the X. Decreased X was noted at the X. There was mild-to-moderate pain with manual resistance. X test was positive with X degrees and X caused pain. X sign was also positive. X test was positive and caused pain. X test, X test and X test were all positive. An MRI of the X dated X showed a X. There was mildly increased signal seen extending from the X to approximately the X position, which could indicate a X. There was a small area of X increased signal of the undersurface of the junction of the X indicating at least a X, although a X was difficult to exclude. There was mild-to-moderate X. There was X, which could be related to the X; however, mild repetitive X injury could also have a similar appearance. X was noted. X was needed for X. There was mild X without significant associated X without identification of a mass or a mass effect in the X. X for possible X was needed. Treatment to date included X. Per a Physician Advisor Report dated X by X, MD, the request for X was non-certified. The rationale was as follows: "ODG states that surgery may be indicated after X months (X months for X) of failed X treatment X. However, this was not noted. Furthermore, the official MRI report was not provided." As X was not recommended, the X were also not recommended. Per a notice of Adverse Appeal Determination – WC Non-Network dated X by X, MD, the original non-

certification determination for X was upheld. Peer-to-peer calls were attempted but a case discussion was unsuccessful. The rationale was as follows: “It is only been X months since the date of injury and the X progress notes revealed the patient’s rehab potential was good. The patient was making progress but still had some X. The guideline recommends X months of X treatment for X. Therefore, the request for X is non-certified.” Since the X was not indicated, the request for X was non-certified. X was not approved for X; therefore, the request for X were also non-certified.

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

The ODG recommends X for the treatment of advanced X. The ODG recommends X when there has been a failure of X care with persistent pain at the X, and imaging findings of X. The ODG recommends X to decrease infection rates in patients undergoing X. The ODG recommends a X as an option in more complex X. The ODG supports X including X. The provided documentation indicates the injured worker had persistent X pain approximately X months of injury despite treatment with X. There are X I examination findings of X of the X, positive X tests, positive X tests, and positive X test. There are MRI findings of a X, mild to moderate X. When noting there is no evidence of a treatment failure with an X, progression to X is not supported. As there is no documented objective tenderness of the X is not supported. As X is not supported, X are not necessary. Based on the provided documentation and ODG recommendations, X are not medically necessary.

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

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL