

I-Resolutions Inc.
An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

X

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

X who was injured on X when X was X. X was diagnosed with X.

X was seen by X, MD on X, X presented for complaints of the X. X had X. X continued to X. X had over X. X had X. This was not because of X. This included an X. Examination of the X revealed X. This caused X. There was X. X was noted over the X. X at the X revealed X. X test was again X. X test X. X of the X with X revealed evidence of X. X testing in X showed X. X was noted with X testing. This again caused majority of X. This was consistent with a X. X of the X revealed a X in the X and X. On X, X presented for a follow-up. X continued to use the X. The X examination clearly revealed X. X also continued to X secondary to X. This was characteristic of a significant X problem. X examination was completely consistent with a X. X also had significant X from the X. A X was contraindicated as this would lead to further X.

An MRI of the X was performed on X. X demonstrated X. X demonstrated moderate X. X demonstrated X. Mild X, X. The X demonstrates moderate X producing X. X was noted. There was a X. There is a X. X was noted.

The treatment to date included X.

Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: “Per-evidenced based guidelines, X is recommended for patients with X. The MRI of the X dated X showed X. There was a X of the X was associated with X of the X. There was an X. Correlate for X. There was a X. There was a X. The patient had difficulty with the X. X had undergone X. X still had pain if X does were inconsistent to support the X. Moreover, given the age of injury, the patient is almost X. The provision of at X months to X of X are not yet fully established prior to proceed with an X. Clarification is needed regarding the request and how it might change the treatment recommendations as well as patients’ clinical outcomes. As the proposed X was not recommended, the X request for X are not supported.”

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “The previous denial stated that X and X based on examination were inconsistent to support the X. Moreover, given the age of the injury, the patient is almost X. The provision of at X months to X of X are not yet fully established prior to proceed with an invasive procedure. The patient is just X. The MRI demonstrated X, but all these findings were described as X by reading radiologist. Evidence based guidelines recommends X of X on MRI. Given the provided information, this reviewer would not recommend certification of this request. As the proposed X was not recommended, the X request for X are not supported.”

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

The ODG supports X after a X. Guidelines support a X when there is X on X exam and imaging. A X are supported for significant X when a history, X

exam, and imaging are indicative of X and there is been a X. Guidelines support a X when there is X. Guidelines support up to a X. Additionally, guidelines support a X. The documentation provided indicates the injured worker has X. A X examination has documented X. An MRI the X documented X. Based on the documentation provided, the requested X would be considered medically necessary. While there has not been a X the injured worker has evidence of X on imaging which would not likely improve with X. There is evidence of X on X examination and imaging of the X as well as the X which is X examination. The injured worker has X consistent with X on X examination. Given the significant X on X examination and imaging X would be supported. As such, a X would be supported as well as a X. A modified certification is recommended for a X.

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
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- 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.