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**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. X was working on a X. X was X. Normally, it was X. X experienced X. The diagnoses included X.

On X was evaluated by X for a follow-up for X. X last office visit X. X reported never had X done, as no one called X to set up an appointment. X had X before which was X. The X went to this time involved more of X. X requested a new X, which involved more X. X denied any X; however, stated that X pain was X. On examination, X revealed X. The assessment was X.

X evaluated X for a follow-up of X. X reported X was doing well. X continued to have some pain. X reported that X did X. X had been referred for a X with X. X reported X never had X. X wanted another X. At the time, the pain was X. On examination, X.

An MRI of the X revealed significant X of the previous demonstrated X.

Treatment to date included X.

Per a peer review report dated X by X, MD and an adverse determination letter dated X, the request for X was noncertified. Rationale: “The requested X is not medically necessary. The injured worker presented with X. X revealed X. Magnetic resonance imaging (MRI) of the X revealed significant X. The X has X. However, the X has had X and the X is not specified. Additionally, the X of the X not well documented. The X is noted to have resulted in some X; however, guidelines require evidence of X and X. Therefore, medical necessity has not been established.”

Per a peer review report dated X, MD and utilization review determination letter dated X, the request for X was denied. Rationale: “Based on the clinical information provided, the request for X is not recommended as medically necessary. The initial request was non-certified noting that the X is not specified. Additionally, the efficacy of the X is not well documented. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical record notes the X. The X is not documented. The note dated X (approximately X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.”

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

Given the current X as medically necessary, and the previous denials are upheld. The designated doctor evaluation dated X indicates that the patient underwent X on X. It is reported that continued repeat X are not likely X. The patient reported that X had some X. There is no documentation of X. Recommend non-certification. 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 X
- 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)