

True Resolutions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: @trueresolutionsiro.com

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

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 at the X. X then had an injury X. X also had an injury when X. The clinical diagnoses included X. Medical history was significant for X. On X, MD evaluated X. X presented stating X. It was better with X. Pain level was X. On X. X was X. X caused X. X was more X. X caused X. There was a X. X did have X. X was X. X and X. Dr. X discussed that X. The X would consist of X. An X. A X MRI of the X and X. MRI of the X. Treatment to date included X. However, it did X. X did have X. According to the peer review dated X, MD, the request for X were not medically necessary. "Within the documentation available for review, there is documentation of X. However, there is X of X. Therefore, X is not medically necessary. However, due to the X is recommended. Regarding X. In addition, there is no clear documentation detailing X. Based on the records reviewed and referenced guidelines, the medical necessity for this X has not been established. Therefore, X is not medically necessary. However, due to the nature of this X is recommended." Regarding X "Within the documentation available for review, there is documentation of X. However, there is documentation of a X.

Additionally, there is documentation of the X. Given this information, there is no documentation of recent X. Evidence-based guidelines. specifically address X. Therefore, X is not medically necessary.” Regarding X, “Within the documentation available for review, there is insufficient documentation of objective X. In addition, there is insufficient documentation of the results of recent X. Based on the records reviewed and referenced guidelines, the medical necessity for this X has not been established. Therefore, X is not medically necessary. However, due to the nature of this X is recommended.” On X, MD performed a peer review and gave the following opinions: The request for X for X now is not medically necessary. However, given the nature of this X. No new clinical information was provided from the previous denial. ODG states that there must be documentation of significant improvement with the X. which was not provided. Therefore, the request for X now is not medically necessary. However, given the nature of this medication, X. The request for X now is not medically necessary. However, given the nature of this X. ODG states that this X is recommended for X. In this case, there was no documentation of any X. Therefore, the request for X now is not medically necessary, However. given the nature of X. The request for X now is not medically necessary. As stated in the previous peer review, the claimant has a X. ODG recommends X. There was no documentation in the records of any X. Therefore, the request for X now is not medically necessary. The request for X now is not medically necessary. However, given the nature of this, X. ODG requires ongoing X. While a X was reportedly performed, the results were not included and there was no documentation of a X. Therefore, the request for X now is not medically necessary. However, given the nature of this medication X.

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

The claimant has been followed for X. Regarding X. This X. However, the records did not include any specific information regarding X. It is unclear what the X. Without additional clinical information that would support the ongoing use of X, this reviewer cannot recommend certification for the request. Regarding X, the current evidence-based X such as X. X can be considered for X. There was no indication from the provided records that the claimant has X. No other X were noted to support the requested X. Given these issues which do not meet guideline recommendations, this reviewer cannot recommend certification for

the request. Regarding X, the current evidence-based guidelines do recommend the use of X for addressing X. X are generally well X. However, the records did not demonstrate the X. Without additional supporting clinical information, this reviewer would not recommend certification for the request. Regarding X. The current evidence-based guidelines do X. The clinical records did not clearly demonstrate the extent of X. There was also no documentation regarding recent X or updated X as recommended by current evidence-based guidelines. Given these issues which do not meet guideline recommendations, this reviewer's medical assessment is that the request is not medically necessary and 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