

# I-Resolutions Inc.

An Independent Review Organization

3616 Far West Blvd Ste 117-501 IR

Austin, TX 78731

Phone: (512) 782-4415

Fax: (512) 790-2280

Email: [@i-resolutions.com](mailto:@i-resolutions.com)

## ***Notice of Independent Review Decision***

### ***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:***

X

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

X

#### ***Patient Clinical History (Summary)***

X is X who X. X was X when X. X was diagnosed with X.

X was seen by X, MD on X and X. On X, X presented for X. The X of the X was X, following X at work. It occurred in X. The pain was X. The X consisted of X. X included X. On examination of X. There was X on X of X. X were X. The X and X were noted as X. On X, X presented for X and to X. The pain was X. X continued X. Furthermore, X was X. At the time, Dr. X thought that X would X.

An X of the X dated X showed X. There was X. An additional X involved X. There was X of the X with X of the X most likely as X of X. X was noted. There was X of the X. There were X and X.

Treatment to date included X.

Per a Utilization Review Decision letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per-evidenced based guidelines, X is recommended for patients with X. On X, the patient had X. Per recent report, the patient complained of X. Conservative treatment had included X. However, the objective findings were insufficient to meet the guidelines for X. Moreover, documentation of X of X supported by objective findings was not evident to support the need for the current request. In addition, the patient has X. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes".

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Per guidelines, X is indicated for cases with X. In this case, the patient complained of X. A request for APPEAL X was made; however, the objective findings were still insufficient to meet the guidelines for X. Moreover, documentation of failure of other conservative

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treatments supported by objective findings was still not evident to support the need for the current request. In addition, the patient had X. X and X should still be considered prior X. Clarification is still needed regarding the request and how it might affect the patient's clinical outcomes. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The objective findings were still insufficient to meet the guidelines for X. Moreover, documentation of failure of other conservative treatments supported by objective findings was still not evident to support the need for the current request. In addition, the patient had X. Clarification is still needed regarding the request and how it might affect the patient's clinical outcomes".

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

The ODG indicates that X and that X with X and X and X. X is indicated for X. X is supported for documented X unless X. A X is supported for X. An extensive X are supported for X after X when there X. A X is supported for X on exam and X after X. A X is supported when there is X. Guidelines do not support X as there are a lack of higher quality studies and long-term outcomes. The ODG conditionally recommends X for X or X. The documentation provided indicates that the X continues to complain of X. A recent exam X. There is no documentation of X. There is a history of X with previous X including X. There is a request for X. Given that there is no recent X to evaluate objective findings with relation to X to determine X and when noting there is no documented X, the requested X would not be medically necessary. Additionally, the ODG does not generally recommend X. As such, the requested X is recommended for noncertification.

### ***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 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)