

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: manager@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 a X who was injured on X, when X.

X was seen by X, MD on X for X. The pain was located X. It was described as X. The symptoms were X. The X consisted of X. The associated symptoms included X. X also had X, and X. On examination of the X revealed X. There was no X. X of X showed X. There was X on X.

An MRI of X dated X showed X, which X. There was 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: "It is unclear why there is a request for X. Although there are complaints of X, physical examination on X reveals no X. Specifically, there is X. Without correlation of a physical examination with X, this request for X is not medically necessary".

Dr. X wrote an appeal letter on X documenting that X presented for X. X had X. Dr. X recommended further evaluation with X.

Per an Adverse Determination Letter dated X, the prior denial was upheld X. Rationale: "There are complaints of X however the most recent physical examination performed on this claimant, dated X is X. There were no X present to that correlate with X or X. Absent these objective findings on physical examination, this request for X is not medically necessary".

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

Based on the clinical information provided, the request for X is not supported as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no X. The patient's physical examination fails to establish the presence of X. X is X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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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)