

Independent Resolutions Inc.
Notice of Independent Review Decision

Independent Resolutions Inc.

An Independent Review Organization

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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 is a X who sustained an X when X. X sustained X. X noted the X. The diagnoses included X. X was seen by X, MD on X for X. Since the prior visit X. X was X but X. X also noted X. X MRI of the X was reviewed which showed X. Per the note X. Examination of the X revealed X. X did cause X pain. There was X. The majority of the X was noted X. On X, X reported X. X request was denied. The reviewer X. It was opined that it was not reasonable X. X continued to have X. X had X. It had been X. X would not be a X of resources. X was X as X. On X, X continued to have X. When X and X. X continued X. X continued to X. X had not been able to X. Examination of the X revealed X. X caused X. There was X noted. The X was X. No X of the X was noted. X and X were X. No X was noted. X was X. The majority of the X was noted X. X was X for X, which was X, and caused X. X and X revealed a X. An MRI of X on X showed X. Treatment to date: X. No X were provided in the notes, only X was recommended. Per notification of adverse determination by X, MD on X, the request for X with X was non-certified. 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. The X injury is X and has not X. As the X is not deemed medically necessary at this time, the ancillary request for X is also thereby not supported." Per notification of reconsideration adverse determination by X, MD on X, the request for X was non-certified. 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 evidence-based guidelines, X is indicated after the provision of conservative care in conditions with pertinent subjective complaints and objective findings corroborated by X. In this case, the patient presented for a follow-up and since last being seen if X, X noted pain. X was X somewhat but X had not been able to return to all of X activity. X also noted X. X had not had X since X. X was denied on the basis of the reviewer felt the patient needed X. A request X was made; however, evidence of X from conservative treatments was not established prior to X. Clarification is needed as to how the request might affect the patient's clinical outcome. As the X is not deemed medically necessary at this time, the ancillary request for X is also thereby not supported."

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

The ODG supports X when there is X on MRI, there has been a failure of conservative treatment, and there are subjective and objective clinical findings consistent with X. The ODG supports X without X, and in the presence of X when X. The ODG supports the use of X for X following X. The provided documentation indicates the injured worker X from injury X. The provider has also documented significant X. The physical examination findings include X, X. A X documents a X. While there is limited conservative treatment, the MRI findings are consistent with X. As such, the ODG would support the requested X. X is not X, and there are no extenuating circumstances to support X. Based on the provided documentation, X is recommended for certification as medical necessity is established, but the X is recommended for noncertification as no clear medical necessity has been established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL