I-Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste B
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 790-2280
Email: @i-resolutions.com

Patient Clinical History (Summary)

X who sustained a X. While X entered the X. X was diagnosed with X.

On X, X was seen as a new patient by X, MD for X. X complained of X. X had X. It was associated with X. The pain was aggravated by X. X stated X helped but only X. X was taking a X but had to stop it due to X. X reported X. On examination, the pain was noted in the X. It was X. The X. Limited was noted. there was a X. X endorsed X. X test was X. X tests were X. X test was X. X was X. Dr. X assessed X had been having X pain. X had a X test on the X. X had MRI evidence of a X. X also had evidence of X. Dr. X requested a X. On X, X presented to discuss treatment options since X procedure was denied by Workers' Compensation. X continued to have pain that started in the X. X described the pain as X. It was worse in the X. X had X. X had X. X felt the pain continued to get worse, and X had become X. The X. It was a X at the time. it was better with X. X had difficulties with X. X reported no relief with X. On examination, X. X. X was decreased to X.

An MRI of the X on X, showed X and X. At X, there was X. At X, there was X. At X, there was X. X showed X. There was X. X studies on X showed X study X. X-rays of the X dated X, showed X.

Treatment to date included medications X. X had tried X, but discontinued because X had X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was noncertified. Rationale: Per ODG, X must be well documented, along with X on physical examination. X must be corroborated by imaging studies and when appropriate, electrodiagnostic testing, unless documented pain, X. A request for the procedure in a patient with X requires additional documentation of recent symptom worsening associated with X." "In this case, there is no record of X. X MRI did not reveal X. A successful peer-to-peer call with X, MD was made at X. Dr. X confirmed X. He said that the diagnosis was X but that there were X. MRI findings were discussed and confirmed to be as documented in the records. ODG criteria are not met. As such, X is not shown to be medically necessary."

Per a utilization review adverse determination letter dated X by X, MD, the reconsideration request for X was denied as not medically necessary. Rationale: "The ODG X Chapter criteria for X states, X must be well documented, along with X findings on physical examination. X must be corroborated by imaging studies and when appropriate, electrodiagnostic testing, unless documented pain, X. A request for the procedure in a patient with X requires additional documentation of recent symptom X. In this case, the claimant has X. There is no objective evidence of recent symptom X. As such, medical necessity is not established in accordance with current evidence-based guidelines. Peer-to-peer discussion was attempted on two separate days but was not successfully completed."

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

The patient would meet ODG criteria for several reasons. The symptomatology suggests X. There is X pain noted, X. Although there may be a X. X has X. There is recent X. Given the documentation available, the requested service(s) would be considered 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 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
- ☐ X, 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)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.