

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: manager@trueresolutionsiro.com

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. The mechanism of injury was detailed as X. X was diagnosed with X. X was evaluated by X, MD on X. On X, X presented for established care. Since X injury on X, X had pain over X. There was X pain from the X. X also experienced X. The pain was described as X. It was worse when X used X. X had X, because it made X. Of note, X had X. X also had a history of X. The neurological examination revealed X. The X examination showed X. There was X. X. The X were within X. On X, X reported that X. X continued to have limitations with X. X had X because of X. The X examination revealed X. The X and X were wide-based, and X. X was unable to X. X was X. Dr. X thought that the X was likely X. An MRI of the X dated X showed X. A X was within the X. Mild narrow X was noted. There was X. X had X within the X. An undated x-ray of the X. There were X. The treatment to date included medications X Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "A request is submitted for an X. An MRI of the X accomplished on X was reported to reveal findings consistent with the presence of what was described as X. There were findings of a X within the X. A medical document dated X indicated that subjectively, there were symptoms of pain X. Objectively, there was X. The X was more affected than the X. There was documentation of what was described as a X. Based upon the medical documentation presently available for review, medical necessity for this specific request as submitted is not established. The submitted X. It is documented that previous diagnostic testing has included an MRI of the X. Consequently, based upon the medical documentation available for review, medical necessity for the specific request is not established. Therefore, the request for an X is non-certified." Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "According to the Official Disability Guidelines, an X is recommended for patients with suspected X. X

studies are not recommended as there is minimal justification for performing X studies when the patient is presumed to have symptoms of X. In this case, the patient had X. The patient reported X. A recommendation was made for X testing to rule out X. This request was previously denied given the submitted documentation does not reveal change on X examination supporting testing for this patient. There were limited examination findings of X documented for this patient and guidelines do not support X studies as there is minimal justification for testing when the patient is presumed to have symptoms of X. As such, the medical necessity of this request was not established for this patient. Based on above documentation, the requested X is non-certified.” Dr. X wrote an appeal letter on an unknown date documenting the medical necessity of X. Since the injury, the claimant had suffered from X. The X pain and X. Dr. X thought that an X was necessary to rule out X.

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

The claimant has X. X also experienced X. Per AANEM guidelines: “(X) testing is used to evaluate the X. X testing is performed as part of an X evaluation for diagnosis or as follow-up of an existing condition.” X is appropriate and medically necessary for this claimant’s condition.

Given the documentation available, the requested service(s) is considered medically necessary and the request is overturned.

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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)