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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:

Board Certified X

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

X

Patient Clinical History (Summary)

X who was injured on X. X was X. The diagnosis was X.

On X, was evaluated by X, MD for X and X. Per note, X had undergone X. X described X and X. The pain X. It was X. The activities were X. Examination of the X. X was X. X remained over the X and X. Examination of the X. Standing X. The diagnoses were X.

Multiple x-rays demonstrated degenerative changes in the X and X. The X.

Treatment to date included medications X.

Per a X, the request for X was non-certified. Clinical Rationale: "The ODG recommends X. The provided documentation indicates the X. They have had X. There are no X. Based on the available information and ODG recommendation, X are not medically necessary and are non-certified."

Per a Notice of Appeal Adverse Determination dated X, the previous denial was upheld. Clinical Rationale: “This X has had X. This one is certainly timed appropriately but does not satisfy two ODG criteria: 1. Recent clinical exam documenting the result of the previous series and the condition of the X. 2. X certainly can be considered a candidate for X. This was discussed with Dr. X assistant and she understands the need for a X. Therefore, the UR Decision Letter of X is upheld.”

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 recommended 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. The patient’s X. Percentage of pain relief is not documented. There is no documentation that pain relief lasted for X. There is no documentation of X or X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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
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 - 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
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- 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)
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