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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 with a date of injury X. The X of the injury was not available in the medical records. X was diagnosed with X. X was seen by X, DO on X and X. On X continued to have X. Dr. X suspected that an MRI was X. At the time, X with an X. There was X. X had a X. X had X. On X, presented for a follow-up. X stated that the pain was X. It was rated X. There was moderate X. The remaining X. An MRI of the X. This was X. The treatment to date included medications X and X. Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "Official disability guidelines recommend X. After failure to treat with X. In this case, patient presented with X. The provider is requesting a X at X. Although the patient is noted to have a X, this is a X. X of objective X were not presented in the medicals provided to X. In addition, the provider references patient has X. Overall, this request is not medically necessary." Per an adverse determination letter dated X, the claimant's prior denial was upheld by X, MD. Rationale: "Peer to peer was not successful. According to the Official Disability Guidelines an X is

recommended for patient when there is X that is well documented along with X. These findings must be corroborated by X and there must be documentation that has been a X and X. Within the documentation the above is not noted. The documentation does not X. While there were X this does not indicate the patient has a diagnosis of X. Furthermore, the imaging does not detail the patient has X. The specific X history is also not documented. While the request notes X is being requested due to X, there is no mention of this in the chart note. Therefore, given all of the above, the requested X under X is not medically necessary and is noncertified.”

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. Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: “Official disability guidelines recommend X for the treatment of X when there is documented evidence of X and X. After X to treat with X. In this case, patient presented with complaints of X. The provider is requesting a X. Although the patient is noted to have a X and the claimant’s X do not document X. Quantifiable measure of X findings were not presented in the medicals provided to X. In addition, the provider references patient has X; however, there was X measures specifically addressed to the X to support the need for the requested procedure as X reports were not submitted for review. Overall, this request is not medically necessary.” Per an adverse determination letter dated X, the claimant’s prior denial was upheld by X, MD. Rationale: X was not successful. According to the Official Disability Guidelines an X is recommended for patient when there is X that is well documented along with objective X. These findings must be corroborated by imaging and there must be documentation that has been a trial and failure of the appropriate conservative measures. Within the documentation the above is not noted. The documentation does not detail objective findings of X. While there were minimal findings this does not indicate the patient has a diagnosis of X. Furthermore, the imaging does not detail the patient has X appropriate X that would warrant an X. The X is also not documented. While the request notes X is being requested due to X, there is no

mention of this in the chart note. Therefore, given all of the above, the requested X is not medically necessary and is noncertified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted X to document significant X at the requested level. It is noted that there is no X. Additionally, there is documentation of X to date. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is upheld.

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 GUIDELINE