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An Independent Review Organization
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Review Outcome

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 is a X who was injured on X. X. The diagnoses were X.

On X was seen for a follow-up to X, MD. X had complaints of X. X does not have any other significant X conditions. The documentation indicated X utilized multiple medications to include X as well as X. The physical examination revealed X had a X. There were no X noted. X continued to have issues with X. X had not resolved and X and X were denied. X indicated X should continue X and given the increased X was recommended that X attempt X. X had a X. On X presented with a new complaint of X. X examination did not reveal any X. X strongly recommended that X receive a X of the X. X was advised to take X and go

straight to the X.

An MRI X was X.

Treatment to date consisted of X.

On X, the request for X was non-certified. X: indicate this class of X may be recommended for a patient with a X. The guidelines also detail X that are recommended for X. The submitted documentation does not detail X suffered X. The documentation also does not detail why X cannot X. Therefore, given the above the requested X is not medically necessary and is non-certified. X to X contact was unsuccessful.

In a letter dated X, stated that since the injury, X started having X, which X. The use of X was medically necessary for X medical condition.

Per a Utilization Review Notice of Appeal X, the appeal request for X was considered not medically necessary. X: "X to X was established. The requested X is not medically necessary. In speaking with X, X stated that the patient had X. The patient also had more X. These were X. X also stated the patient had no X. The patient is X. According to X the patient was X and it was X. It is not clear that X has had an X. There is a significant inconsistency in the record regarding the patient's use of X. X stated "X had tried X." The doctor then stated the X. There is concern regarding the number of X. The recommended maximum number of X. If X is added the patient's list would include X belonging to the X. X stated no other drugs

had been tried to treat the patient other than X. X are X so there is not documentation of failure of X. The patient "X," but it is not clear that each of the current medications is indicated and or necessary. Recommend non-certification.”

In a video X with X, X presented for the X. X reported the X had improved X. X had pain when X, but this was relieved once X took the X. Ongoing X included X. On X, X was X. X was normal and X was X. X followed X. X was X. X were X. X had X. There was X. X was X normal. X was able to X. The X. X in all X was without any obvious X. There was no X. X and X were within X. There was no X. The diagnoses were X. The plan was to continue X

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

The records submitted for review would not support the requested X reasonable or necessary. While the records indicated that the X had improved X, the report still noted plans for continuing X. There are still reasonable concerns regarding the X. Given these issues, it is this reviewer’s opinion that medical necessity is not established.

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

- 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)