

I-Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 IR
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 790-2280
Email: @i-resolutions.com

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 X. X had a X. X was diagnosed with X.

X was evaluated by X, MD from X through X. On X, X reported X medical complaints included X. X continued to have X. X could X. Dr. X commented that X was X, which was likely X. It was likely X. X was prescribed. On X, continued to have X. On X, presented for a follow-up of X ongoing symptoms including X. X reported X were X with X. They were X from X. X stated that X made X throughout the day. The above visits were telemedicine visits.

An MRI of the X revealed X. There was a X of X. X changes were noted.

Treatment to date included X.

Per a X decision letter dated X, the request for X was denied by X, MD. X: “Based on the submitted documentation, the medical necessity of the X. Although the X, there is a X. X, the request for X is non-certified.”

X wrote an appeal letter on X. X commented that X continued to have X. X had X. X was on X, so X could not X. The use of X was medically necessary to prevent the X and X.

Per an X, the prior denial was upheld by X, MD. X: “According to the submitted records, the X. The provider is requesting certification for X. This non-certification was based on the lack of X. The provider submitted an appeal letter. The claimant presented with X. Prior treatment included X. Other than the previously mentioned information, no additional clinical findings to support the need for this care were made available with this review. The provider is appealing the prior determination at this time. Regarding X, the X state that it is recommended to X. Based upon a review of the submitted records, the prior non-certification appears to have been appropriate. Although the most recent medical record included X. Given there is insufficient scientific evidence and guideline support for this X for the X, the requested appeal for X is non-certified.”

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

The claimant had been followed for X and had used X. The use of X and X off label for X is becoming more common. The claimant did report that X and X were either X or X. The claimant did report X. Given the claimant’s persistent X, it is this reviewer’s opinion that medical necessity for the request is established and the prior denials are overturned.

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 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)