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An Independent Review Organization
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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

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 who sustained an injury on X. When X with X and used X when X. The diagnoses included X. X, MD saw X. X complained of X. On examination of the X. X had X. On X reported pain. X had X. X only had X. X was seen by X, MD on X. X presented for follow-up of X. X rated the X. The X had remained the same. The X and X remained the same. The X had remained the same. On examination of the X and X. The X remained the same. The X, and X. The X testing showed X. The X test was X. On X was evaluated by X. X continued to have X. X had a X. X had X. A X evaluation was performed by X. X reported X. X rated the X. The pain was X. X had X. The pain X and X and relieved with X. X was decreased in all X. There was X with X and X. X

and X with X was noted. X was seen by Dr. X on X and X. On X, Dr X administered X. On X, it was noted that X had X. The X had X. X had a X. Dr. X requested X. An MRI of the X demonstrated X. X was noted otherwise. No significant X. There was X. The X was X. X was not identified, X. There was X. X was noted with a X. X-ray of the X. The X was X. Treatment to date included medication (X) and X. Per a utilization review dated X, by X, MD, the request for X and X was non-certified. X: "Per evidence-based guidelines, X are indicated in patients with pertinent subjective complaints and objective clinical findings corroborated by imaging studies after the X. In this case, the patient complained of X. X and X. MRI of the X demonstrated X. X otherwise. No significant X. There was X. The X was X. X not identified may represent a X. There was a minimal X. X change with X. A request for X and X. However, there is incomplete documentation of X. As such, the request is not currently supported. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There is incomplete documentation of prior X care before X. As such, the request is not currently supported." Per a letter dated X by Dr. X had X. X had an MRI that showed X as well as X. X also had X. X main problem was X. X had only X. X had been through X. X had not made much improvement, and Dr. X that it was a matter of medical necessity that X have X. Per a utilization review dated X, by X, MD, the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There was still incomplete documentation of X. Clarification is needed regarding the request and how it would affect the patient's clinical outcomes. Exceptional factors could not be clearly identified. Furthermore, during the peer discussion with Dr. X, the provider stated this patient was X. X works as a X. The patient still presents X following the X. The MRI shows a X. However, the patient has X. The request cannot be certified until all measures of X have been exhausted."

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

The ODG recommends repair of X. The provided documentation indicates the X. The X. There is X. The X include X. An MRI documented a X. While it is unclear if there is X. Given the X are necessary to address the symptoms in order to progress function.

Based on the available information, X are medically necessary. Recommendation is to overturn the prior denials.

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