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***Patient Clinical History (Summary)***

X who was injured on X. X reported X. X was X.

On X, X was evaluated by X, MD for evaluation of X. X reported injuring X. X denied any X. X reported since then X had a X. On examination of the X. The X elevation was X. The X was X. The X was X. The X was X. X tests were X test with X. X tests in the X. There was X over the X. There was X.

An MRI of the X dated X showed X. There was X.

The treatment to date included medications.

Per an adverse determination letter dated and peer review X, the request for X was denied by X, MD. Rationale: "According to the documents provided, the patient has a X. The patient has X. Prior treatment includes medication. The ODG does not recommend X. Therefore, the requested X is not medically necessary."

Per a utilization review decision determination letter dated X, the prior denial was upheld by X, MD. Rationale: "The claimant X on X. X reports that the pain is X. On exam X has a X. The X and the only X. The MRI is partly X. ODG does not recommend X. The documents do not report any X from the injury, but it does state that the claimant's pain is X. The guidelines state that there is X. Therefore, it is not recommended and only

X is preferred. Therefore, the appeal for the request for the X is recommended not certified.”

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

The ODG states X should be reserved for X. They require include X. The provided documentation indicates the injured worker sustained a X MRI from X. Per the progress note from X, the objective findings included a X. There is X. Based on the available information, X is not medically necessary.

***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)

## **Appeal Information**

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:  
Chief Clerk of Proceedings Texas Department of Insurance  
Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.