

I-Resolutions Inc.
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 who sustained an injury on X. X stated that X was X. X was diagnosed with pain in the X.

X was seen by X, MD on X for a follow-up of X dated X. X had some improvement in X, but continued to have X. The limitations in the X. On examination of the X, X. There was X. X revealed X. X-rays of the X dated X showed X to prior imaging.

The treatment to date included X.

Per a utilization review decision letter dated X by X, MD, the request for X was denied. Rationale: "Regarding the request for X, documentation reflects this claimant is status X. Documentation reflects this claimant has had X. ODG supports up to X. This claimant should be able to X. Therefore, recommend non-certification."

Per an adverse determination letter dated X, the prior denial was upheld by X, DO. Rationale: “In this case the claimant was status X. It appears the claimant has completed X. ODG allows up to X. On examination of the X. The claimant was X. The claimant was recommended to X. The reason for the claimant still X. The claimant will benefit from X. The treating provider was called to discuss but contact was not made. At this juncture, the claimant should be able to X and per ODG “Allow for X.” Based on the foregoing, at this time medical necessity for X has not been established.”

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

The ODG supports up to X. X are supported when ongoing management of a X. Guidelines do not support the X. The documentation provided indicates that the injured worker underwent an X. The injured worker has been X. The injured worker has X. The treating provider has requested X. Based on the documentation invited, the medical necessity for X cannot be established as the request exceeds guidelines, and it is unclear based on the documentation provided if X has resulted in X. Additionally, X are not recommended. As such, the requested X are not supported as 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
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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)

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.