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 was injured on X. X turned X. X was diagnosed with X.

X was evaluated by X, MD on X and X. On X, X presented for X. The pain onset was associated with a specific work-related injury. X could X. The pain was described as X. It was rated X. The symptoms were X. Examination of the X revealed X. There was X. Dr. X recommended a X. On X, X presented for X. X could X. The pain was rated X. There was X examination since the prior visit.

An MRI of the X dated X revealed X

The treatment to date included X.

Per a utilization decision letter dated X, the request for X was denied by X, MD. Rationale: “The Official Disability Guidelines recommend X. X may be indicated for determining the X. This request cannot be authorized. A X

may be warranted. The claimant had X. The MRI findings note X. Also, another component of this review has been non-certified. Texas regulations do not allow for partial certification or modification of reviews. Therefore, the request for X is non-certified. This request cannot be authorized. The claimant had reported X. As such, X is reasonable. However, there is X. Furthermore, X requires evidence of a X. Therefore, the request for X is non-certified."

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "The Official Disability Guidelines recommend X. X may be indicated for determining the X. The requested X may be appropriate at this time. The MRI of the X revealed X. The X examination did not reveal findings of X. Also, as noted in the previous review, a X may be appropriate. However, a separate component within this review X was non-certified. Based on this discussion, the request for X is also non-certified. The requested X may not be appropriate at this time. A review of the available medical records reveals that a similar request was non-certified in review X by X, MD on X. The physician reviewer noted the X. A review of the most recent X progress report X non-certified. Therefore, the request for X is non-certified."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted X MRI X. The patient's physical examination X. It is noted that X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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.