

**True Resolutions Inc.**  
**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 was injured on X. X was X. The diagnoses were X. Per a X Evaluation by X, DC dated X, X presented for a X evaluation (X). X complained of X. X continued to have significant pain rated X. X wanted to have X. X was X. X medications included X. On X testing, X was X test due to X. X was able to X. On X, X was X, X. On X testing, X was X. X testing revealed X due to X. On the X testing, X did X. X demonstrated X. This demonstrated that X might be X. Per findings, X could X. Therefore, X must be X. Per recommendations, X could X. X PDL was X. X would benefit X. The X was X. An Intake Update and X Testing and Assessment Report by X, LPC / X, PhD dated X was documented. When asked to quantify the level of

interference of X pain on X recreational, social, and familial activities, X rated these all as X, for pain interference with normal activities as X, and change in ability to work as X. Interpersonally, X denied experiencing any X. X also denied experiencing X. X endorse both initial and sleep maintenance X. X reported X. X reported continued use of X. Per X examination, X was oriented X. X functioning was estimated to be X. X mood was X. X affect was X. X memory of recent and remote events was X. X thought process was X. X did X. Judgment, insight, and impulse control were deemed to be X. X did not present with any current risk factor and X had no problems taking the examinations. When asked to rate targeted symptoms on a scale of 1 to 10 X reported X. X response on the X. After evaluating all these, X did not endorse X. X endorse a X. Per clinical summary, X endorsed having X. In addition, there were indications of X. Per treatment recommendations, X would appear to be an excellent candidate for a X. Per Client X. This indicated that X was a motivated candidate for the X. An MRI of the X reported X. There reportedly was noted X: X. The X reportedly showed an X. There was X. The X reported showed that there was X. The X reportedly showed X. However, there was X. Treatment to date included X. Per a Notification of Adverse Determination dated X, the request for X was denied. 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. Guidelines indicate there must be a X. There should X. Guidelines and research indicate X. In this case, the injury is from X. There is X. The patient had X and records do X. There is specifically X. Exceptional factors are X. Telephone contact was established with a designee for the office of Dr. X. It is reported the patient was last employed in X, at which X. The patient has X. It is stated the patient was X. X has been on total disability, but it is stated, this is not enough to maintain X prior lifestyle. The patient reports X would like to return X.X. The patient X. Medical necessity is not supported in this context X. There is X. Medical necessity is not present. According to the X by X, MD dated X, X had X. After showing X, X showed X. Per the X Details, there was previous adverse determination whereby the request for X was not certified. The reviewer noted that there was X. X had X on X and records X. There was specifically X.X. There is X. The current request is for APPEAL X. Per evidence-based guidelines, X is recommended as an option, X. In this case, X complained of X. Per X dated X, X could X. X PDL was X. Per the X Testing and Assessment Report dated X, X had participated in X. X received a X.

Per the medical report dated X, X had shown X. After showing X, X showed X. However, X. Dr. X added that X. The X on X revealed X was X. It was clear from the X that the X. A Notification of Reconsideration Adverse Determination dated X was documented, indicating 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. Objective evidence of X."

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

The Official Disability Guidelines discusses consideration for X. In this case, the medical records indicate that this patient has X. With that said, considering the nature of the patient's underlying injury, X. In particular, the risk of reinjury will remain; it is not clear that X.

Therefore, the request is not medically necessary and should be upheld.

**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