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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 injured both X. The diagnosis was X.

According to the X by X, MD, X was X. X had X and X. X revealed X. A X.

An MRI X identified a X. There was a X. X and X were X with X. X or X was X.

Treatment to date included X.

Per Adverse Determination dated X, the request for X was denied.

Rationale: "As per Official Disability Guidelines, "X. The patient has X. The patient recently X. In X and the referenced guidelines, the request is X. This is to allow for X. However, due to X and X, this request is denied at this time."

An Appeal Determination Denial was completed on X. The request for X was denied. Rationale: “The Official Disability Guidelines state that X is recommended at X. In the clinical records submitted for review, there was X. There was documentation that X was X. On examination there was X. The physician requested X, which were more than the guidelines recommended and there was X. Therefore, the request for X.”

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 not requiring direct contact with the provider, 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-certifications are upheld. The patient is status X. X initiated X. The patient has X. The request for X would exceed guideline recommendations. When treatment duration and/or X should be noted. There are X documented. Given the X.

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)