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An Independent Review Organization
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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 sustained an injury on X. The diagnoses included X.

X was seen by X, PA-C on X. X reported doing X. X pain was rated X. X noticed X. X was interrupted by COVID. X and X entire X. X was X. X was noted to be X. The X exhibited a X. X could maintain X. The X was X. The X was X. On X attended X with X. X stated X had a X. X progress and X. X had X. X was X. X was X. On X visited X and stated X was X. The pain was rated X. X noticed X. X stated X was X. X mentioned there may have been some X. X an X. The X was X. The X was X.

An MRI of the X was performed on X. The X of the X.

Treatment to date included X.

Per peer review by X, MD on X and a utilization review adverse determination letter dated X the request for X was non-certified. Rationale: "The history and documentation X support the request X. The ODG recommends up to X, which have been completed. The claimant has X and X. There is X that the X. The medical need for this X has X. A X was not X. Therefore, the request for X is not medically necessary."

Per a peer review by X, MD on X and a utilization review adverse determination letter dated X, the request for X was non-certified. Rationale: "The claimant X. X has had X. ODG allows for X. This request exceeds the guidelines. There was no indication in the information provided as to why the claimant requires so many X. Therefore, the X is not medically necessary."

An appeal letter by X on X documented X had X. That X included an X. That X required X. The prognosis for the X. Ms. X respectfully requested X referral for X be X. If the X could X.

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

The ODG supports up to X following a X. The ODG states that X. Based on the clinical documentation provided, the injured worker X. They have X. The provider notes that X are required following this X. As of X, the X. The X was X. These X have X. As X would exceed the guideline recommendations, X. Additionally, there were no exceptional factors that would support the request for X. Based on the ODG recommendations and 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
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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)