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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:***

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 sustained a X. Diagnoses included X.

X was evaluated by X, MD on X for a follow-up. X was X. X wanted X. Examination revealed X and X. X-rays revealed a X.

On X presented to Dr. X for continued X. X had X. On examination, X had an X.

Treatment to date included X.

Per a Adverse Determination Letter dated X by X, DO, the request for X was denied. Rationale:” The proposed treatment X. On X, the claimant presented to Dr. X status X. Examination of X. X-ray of X. X-

ray showed a X. There was X and the request cannot be modified without provider consent. Therefore, medical necessity has not been established.”

Per a reconsideration review letter dated X by X, MD, the request for X was noncertified. Rationale:” The proposed treatment consisting of X is not appropriate and medically necessary for this diagnosis and clinical findings. The claimant has ongoing X. Examination of the X. X-rays revealed X. However, there is no imaging evidence of a X. Therefore, medical necessity has not been established.”

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

The claimant suffered from a X. Recent imaging of the X. Per the X evaluation, the provider identified a problem at X. X was recommended. Further X and X and X. There was no clear plan outlined for a X. As the X outlined by Dr. X did not fully detail the rationale for proceeding with a X, it is this reviewer’s opinion that medical necessity is not established and the prior denials are upheld.

***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)