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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 was injured on X. X a X. X stated that the X. X was diagnosed with X.

X was seen by X. On X presented for X. The symptoms were X. X had been X. X as an X. X noted X. On examination, X was X. There were X. X did X. The X. On X presented for X. The X was X. X was using a X. Dr. X commented X. X would remain X.

An MRI of the X. X was noted X. An X was noted X. There was X.

Treatment to date included X.

Per a utilization review / notice of adverse determination dated X, the request for X was denied by X, MD. Rationale: "Per guidelines, X. In this case, the patient X. A request for X. I did speak to the X. X does

have X and X. However, X. The supplied guidelines notes X is indicated in patients X. The prior determination is upheld.”

Per a utilization review letter dated X, the prior denial of X was upheld by X, MD. 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. Given X. The guidelines indicated that a X is recommended and that X. The X. The prior non-certification is upheld. As the medical necessity of the requested X cannot be supported at this time as well”.

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

The ODG supports X. The guidelines do not support X. The documentation provided indicates that the injured X. A X. Treatment has included X. An MRI documented X. The treating provider has recommended a X. Based on the documentation provided, the requested X would not be supported as the injured X. Additionally, X are not supported, and therefore, a X would not be supported. The requested X for noncertification. Given the documentation available, the requested service(s) is considered 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
- 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)