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**An Independent Review Organization**  
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**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. The injury occurred when X. The diagnoses were X. On X, presented with X. X had X. Also, has X. X noted to be X. Reported that X. History of X. On X. X noted and used X. X was X. On examination, X of the X. X and X noted. X and X noted. X than X. Previous X. MRI of the X and X. X on the X. According to the Follow-Up Visit by X, M.D., on X, there was documentation of X. It was noted that X. Previous treatments included X. Reportedly, X. Of note, X had already X. The X revealed X. The remainder of the exam was unremarkable. The assessment included X. An MRI of the X and X. 2. X and X. 3. X at X. 4. X and X. 5. X. 6. X. 7. X. 8. X. 9. X. Treatment to date included X. Per a utilization review dated X, the request for X between X and X was denied. Rationale: "The claimant presented with complaints of X. There is a request for X. The claimant is noted to have X. It is unclear why a X is being requested as the claimant has X. Therefore, the request for X is not medically necessary." Per a reconsideration review dated X, the request for X as an X was non-certified: "Per ODG, X are recommended on a X. In this case, the patient has a history of X. There are no documented extenuating circumstances to support an exception to the guidelines. Reconsideration review

for X are not shown to be medically necessary.”

**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 is not recommended as medically necessary and the previous denials are upheld. Per a utilization review dated X, the request for X between X and X was denied.

Rationale: “The claimant presented with complaints of X. There is a request for X. The claimant is noted to have undergone a X. It is unclear why a repeat X is being requested as the claimant has X. Therefore, the request for X is not medically necessary.” Per a reconsideration review dated X the request for X was non-certified: “Per ODG, X are recommended on a X. In this case, the patient has a X. There are no documented extenuating circumstances to support an exception to the guidelines. Reconsideration review for X are not shown to be medically necessary.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted X. The Official Disability Guidelines note that the requested procedure should not be performed in patients who have had a X at the X. Additionally, the submitted clinical records X. There is no clear rationale provided to support X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the request is 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