True Resolutions Inc.
An Independent Review Organization
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Notice of Independent Review Decision

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
X who sustained a X, which occurred when X was X and while X, X felt immediate X and X. The diagnosis was X. X was evaluated by X, MD on X for a follow-up of X. X was X and X. X presented with a X. X took X and X. A X was recommended and denied twice, and X was recommended an IRO. X complained of the following symptom(s) and X, and X, and X. X denied any X. No prior treatment had been rendered. On X, X, and X. The X. X on the X were X. X showed X and X. X. X showed X, X, and X. There was X but X. X were X, X, X, and X, but X, and X on the X. On examination of the X, X, and X. Dr. X summarized that X and X, X. On X, an X; and X. An X. On X, an X revealed X. There was also a X, which could X. X were noted of the X. There was X. There was X as well as X. On the same date, an X along the X. There was an X. X was noted of the X,X, and X. There was X. X was noted. An X

study of X dated X was X. Findings were X. Treatment to date X and X. Per a utilization review adverse determination letter dated X, the request for X, was denied by X, MD. Rationale: "According to the Official Disability Guidelines, the request for X is not supported. While it was noted that the patient complained of X and had some X, the documentation provided for the review did not include X. Furthermore, the patient's X did not include evidence of at X, and X. Given that the documentation did not X and evidence that the patient met the guideline criteria for X, the current request cannot be authorized. On X, X discussed the case with Dr. X who stated that X would fax over documentation of X. Dr. X stated the patient had the X and had X. No further information was received at the time of submission. As such, the request for a X is non-certified. Because an adverse determination for X has been rendered, an adverse determination for any associated X is also rendered." Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "Per ODG, X for the X is supported after at X. On X, there is X. On examination, there is X, and X. X was X. X had a X, X, X and X. X on X showed X. X do not X. X shows X. There is no evidence of X and X. The guidelines have not been met. Recommend non-certification of the request for a X. Because an adverse determination for X has been rendered, an adverse determination for any associated X is also rendered." In an appeal letter dated X, Dr. X wrote, "X is a X who on X and while X. Prior studies included X. X and X. X demonstrated X. There is an X. X of the X, X and X. Patient presented to X on X with symptoms of X and X and X. Initial examination showed X, X and X and X was the same and X. Medical treatment for X, and X which the patient completed with X. Patient is X and is doing well with that. A X was recommended but denied due to the documentation provided for the reviewer that did not include X. Furthermore, the patient's X measures did not include evidence of at X and X. Given that the documentation did not X and evidence that the patient met the guideline criteria for X, the current request cannot be authorized. Exam today is X. The patient is unable to X, has X and has X. The reason for denial is not consistent with the standard of care. X recommend an X review the request so we can proceed with the recommended treatment."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

In review of the records provided, the claimant had continued to report X. The

clinical findings were X. However, in review of the claimant's imaging findings, there is X noted at the X. The current evidence based guidelines only recommend X.
Given the X that medical necessity is not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL