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***Notice of Independent Review Decision
Amended Letter***

Review Outcome

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

Information Provided to the IRO for Review
X

Patient Clinical History (Summary)

X is a X with date of injury X. X was injured while X. X part of X of X. Each X, X. The injury occurred when X. X came and got X to X. X had to X. X had to X. X noticed that X, but X. X mentioned to X when X that X, but X continued to X. The next X, X could not X due to X. X was diagnosed with X.

On X, X, DO evaluated X for X. X reported the pain was X. The pain frequency was affected by X. X was increased by X. The pain was relieved by X. The pain X. X had X. X had X and X because of X and X.

The pain was X and X. X reported X. The pain X. X average pain level in X was X. On X examination, X did not show X. X was X, produced X. Pain was elicited by X. X reported that X had significant X following X. X reported X was X. X had also noticed X when X. On X, X reported X. X reported X following X. X reported was the only thing that had provided X with X. X reported that X had X including X with no X. X reported X had tried X with X. X reported that X was taking X which provided X with X. X reported X since X. X average pain level was X, X was X, and X was X. X examination revealed it did not X and had X. X was X for X. X had X.

An X of X dated X revealed X.

Treatment to date consisted of X.

Per a utilization review / adverse determination dated X, X, MD non-certified the request for X. Rationale: "Per guideline, X is recommended on a case-by-case basis as X treatment for X. This treatment should be administered in conjunction with X efforts, and all patients should be informed of the X of this treatment in the X and the X. X should require documentation that X. X is better supported with documentation of X after X. In this case, the patient had X increased by X. Per assessment, it was mentioned that the patient presented with a history of X. X reported that X had X following X. X reported that X was X. A request for X was made; however, there was X that would warrant the need of the current request. The documentation that X produced X was not established. Also, the documentation of X requirement after the previous procedure was not addressed. The X were not fully addressed. X was not fully established as there was no X testing documented from the recent visit. It can also noted that there was no X. Moreover, there was no quantifiable X documented in this visit. Thus, the current request is not supported. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Further clarification is needed as stated above."

Per a utilization review / adverse determination dated X, X, MD non-certified the appeal request for X. Rationale: "Per evidence-based guidelines, X are not routinely recommended unless there is evidence of X after X. It required documentation that previous X produced X and should be supported with documentation of X after the X. In this case, the patient has completed X and reported that X had X following X and recently, X reported that X was X and X. A request for X was made. However, clear comparison of objective findings before and after the X could not be fully established with the given medicals to verify the objective functional response from the X that X previously underwent to warrant for X. Moreover, there is no evidence of comparison evaluation that confirms a change in X and there is no X noted as well. Also, X is not a stand-alone procedure. There should be evidence of X in association with X in which it was not evident in the treatment plan. There are no exceptional factor to support X at this time. As such, the prior determination is upheld."

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. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no X documented on X. The submitted clinical records indicate that the patient underwent X on X. X was X. X on X was X and by X, this note states that the patient X for X, but X has X and has X. There is no documentation of X or X. The patient's X to establish the presence of X. There is X and X. There is X noted of X, but no X was documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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)