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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 who was X on X. The diagnosis was X and X.

X was seen by X, DO on X for X. X onto X. X Symptoms had X recently. X had pain with X and X. X had to do a lot of X recently and that X. Examination of the X revealed the X. There were X or X noted. X was X. X and X were X. X of X was X on X and X. X was X. X was noted. X was X. X was X. There was X to X at the X at the X and X.

On X, X visited Dr. X. X presented for follow-up for X. X was denied by insurance. X was X. X continued to have X to the base of X. X also noted having X since X. There was X to X at the X at the X and X.

An X dated X demonstrated a X of the X with a X of the X and X. There was a X of the X. X were X. There were X and X. There was X and X of the X on the .

Treatment to date included X, X, X.

Per a utilization review adverse determination letter dated X, the request for a X was not certified. Rationale, "Based upon the medical documentation presently available for review, medical necessity for this specific request as submitted is not established. The above-noted reference does not support a medical necessity for the requested X as it relates to the X. Per criteria set forth by the above-noted reference, at the present time, medical necessity for this specific request as submitted is not established for the described medical situation."

Per a utilization review adverse determination letter dated X, the request for a X was not certified. Rationale, "Based on the review of the provided documentation, the claimant was involved in a X on X. On X, an X was performed and revealed X of the X with X and X. X of the X. No other X are seen. There is X and X. X and X of the X on this X. On X, the claimant presented to X, DO with X. The claimant was injured when X. The claimant continued to have X. X also noted having X since the injury. Examination of the X revealed X and X. X was recommended for X. According to Official Disability Guidelines, X are recommended for X, X, X, and X. X: Recommended as a X and X. In this case, a recent examination of the X revealed X and X. There is no indication the requested X to the X will improve the claimants current condition. Therefore, at this time medical necessity has not been established for X."

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

The ODG recommends X. The provided documentation indicates the worker had persistent X over X from injury with X on physical examination. The X despite treatment with a X, X, and X. A X and X

report from X documents X. Given the X , the ODG criteria are met for the requested X. Based on the available information, X is 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
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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)