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Notice of Independent Review Decision

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:

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 injured on X. The biomechanics of the injury was not available in the provided medical records. The diagnoses included X.

X was seen by X, DC on X for X ongoing complaints. X presented with X, described as X. X reported X. X also reported X. X denied X. The X was X. X was explained that there was X. X revealed X. X had X in X. X had X. X to the X. X was diagnosed with X. X was recommended to X. X would be reassessed X. X was to continue with X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, DC the request for X was not recommended (generally). Rationale, "The request for X is not recommended for X (X). The rationale, "The request could not be supported due to no quality evidence supporting its use. For X, it is recommended as an option for X with X. In this case, the is a X injury and X in the past. X is X. There is no new X noted, and no X. Guidelines require X and given a lack of X and lack of X, there is no X and X with this information. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is not recommended for X (X). Hence, the request could not be supported due to no quality evidence supporting its use. For X, it is recommended as an option for X. In this case, the is a X injury and it was not clear if X has had X in the past. X is a X not supported for X. There is no new X event noted, and no X. Guidelines require X and given a lack of X and lack of X, there is no support beyond X and X with this information."

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was not recommended. Rational, "The X is not recommended for X (X). In this case, clinical information was received indicating X was X. X received X. Nevertheless guidelines do not support X due to no quality evidence supporting its use. The prior determination is upheld."

The request for X was recommended as an option. The rationale given was as follows, "For X, it is recommended as an option for X. In this case, agreement with the prior determination. There were no X events identified. There is limited clinical information substantiate that the patient has had a X. Additionally, the request exceeds the guideline recommendations. 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, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no rationale provided to support a course of solely X at this time. The request for X is excessive and does not allow for adequate interim follow up to assess the patient's response to treatment and adjust the treatment plan accordingly. There are no specific, time-limited treatment goals provided. 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
- ☐ DWC-Division of Workers Compensation
- ☐ Policies and Guidelines European Guidelines for Management of
- ☐ 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
- ☐ Other evidence based, scientifically valid, outcome focused guidelines

