

**Independent Resolutions Inc.**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***  
***Amended Letter***

**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 is a X who was X on X when X and X, X, X and X, X, X, and X. The diagnosis was X, X, and X. X, MD evaluated X for X, X, X, and X. X was able to X than X, X, X, and the pain level at the time was X. At the X, it was X and at the X, X. The pain was described as X, X, and X. X made it X. There were no significant changes since the prior visit. X had been denied again. Examination noted no significant changes since the last office visit. The examination on X showed X, X, and looking to the X and X. There was X in the X noted at X and X. X was noted on X. There was X at X and X. X showed X on X / X / X and X and X. Pain was noted in the X at the X and X. An X dated X showed X at X, X, X, X without X. X was X. An X dated X showed the following findings: at X, there was a X. X of the X. There was X and X. At X, there

was X due to X. At X, there was a X, X, and X. There was a X. An X of the X dated X showed X on X, with X; X with X, X; X; and X, Treatment to date X, X, and X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: The ODG does not recommend X. There is no mention of X in the plan of the most recent clinical encounter note. Therefore, the request for X is non-certified." "The available medical records state in the plan that with regards to the X: "X is requested. Criteria for X, X and clinical findings are met. X and X to follow." There is also X to utilize these X for X with the intent to proceed to X if appropriate (while such intent is explicitly stated with regards to the X requested). Additionally, an X clinical encounter note states in its plan X still causing significant issues. Refer for X" X being requested in the documented plan and the X, medical necessity is not established and the request is not shown to be supported by the ODG. Therefore, the request for X is non-certified." "Per the ODG, diagnostic X are recommended for evaluation of X thought to be X if X to include X, X, and X. The available medical records indicate that subsequent to the X, the patient has X but X. There is a X to X if there is a X to the requested X. Texas rules do not allow for X. Based on the information provided, the request is supported by the X guidelines and is medically necessary and is noncertified." "There is no mention of the requested X in the plans of the recent clinical encounter notes. The target region(s) for the sessions is unknown. Compliance with the ODG and medical necessity is not established due to a lack of sufficient information. Therefore, the request for X is non-certified." Per a utilization review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Regarding X, the Official Disability Guidelines state, X is not recommended for the X." Within the medical information available for review, there is documentation of a request for X. The request was previously denied due to guidelines do not recommend X in the X. A rationale for going outside of guideline recommendations has not been provided. Therefore, X is not medically necessary. Regarding X, the Official Disability Guidelines state, Criteria for X to determine X: Clinical presentation should be consistent with X, X and X, X, X, X, X, X, or X; Documentation at least X, including X, X, and X; X may be grounds to X, only to be considered for X. Within the medical information available for review, there is documentation of a request for X. The request was previously denied due to a plan for X and no mention of X for diagnostic purposes with the X if appropriate. This has still not been addressed. Additionally, there is no clear

clinical presentation consistent with X, X, and X. Therefore, X, X is not medically necessary. Regarding X, the Official Disability Guidelines state, Recommended prior to considering X. Criteria for X: Clinical presentation should be consistent with X, X and X; X, X, X, X, X, X, or X; and Documentation at X of X, including X, X, and X. No more than X/X should be X during any X; X will X. Within the medical information available for review, there is documentation of a request for X of the X. The request was previously denied due to Texas rules do not allow for X. The additional requests have still not been certified. Therefore, X is not medically necessary. Regarding X, the Official Disability Guidelines state, Recommended for X, only when X has been specifically recommended in the plan of care. Recommended treatment X: X. Frequency: X; Treatment may continue X, depending upon condition X, Within the medical information available for review, there is documentation of a request for X. The request was previously denied due to the X is unknown and compliance with guidelines and medical necessity is not established. The patient has X, X, X, and X. However, the X have still not been specified. Therefore, X is not medically necessary.”

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

The medical records were reviewed. It is unclear why X being requested when there is plan for X. Given medical necessity is not clearly established for this, the additional services cannot be authorized per Texas guidelines. In addition, the targeted area of the X is not clearly defined.

In my medical opinion, medical necessity is not established for the request- X.

**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