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An Independent Review Organization
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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 who was injured on X. X reported X had X. X was X. X and X. X and X. There were about X. X injured X and also injured X. The diagnosis was X.

In a X by X, DC dated X, it was documented that X injuries X. The X and made X. X initial X, showed X. X was X and on the X. On X DO evaluated X in a X. X was doing X. They had to X and X. That day, X were X. X was X. X preferred this over X, which was X. X would begin at X. X took X. X had X and X. X with an X. X rated X pain X. X had X and X. X had X.

An X, identified a X, which X. There was X and X. There was a X, which X, and the X. There was X resulting in X. There was X. X were noted in the X.

Treatment to date X.

Per a utilization review adverse determination letter and peer review dated X, the request for X at the X was denied by X, MD as not medically necessary. Rationale: "The Official Disability Guidelines (ODG) states, 'X should require documentation that X.' Based on the documentation provided and per the ODG guidelines, the requested X is not considered medically necessary in this case. Though the patient has a history of X, there was X. There was no documentation of any X. Additionally there is no indication as to the medical necessity for X. As such the request is not considered medically necessary and noncertification is recommended."

Per the X office visit note, Dr. X documented that X wants to X. X wanted to X. They were going to recommend it at the X. This was an X only if this X however, X should be X. X had X since this injury, and more X. Per the X office visit note, Dr. X was waiting to get X during the X, as X wanted X. X wanted to X. X had been requested at the X. Due to X.

Per a utilization review adverse determination letter dated X and peer review dated X, the prior denial was upheld by X MD. Rationale: X at the X performed X is not medically necessary. Per ODG, it 'necessitates documentation of subjective and objective X. X should require documentation that X.' In this case, within the documentation available for review, there is a documentation of an appeal request for a X. Additionally, there is a documentation of X. Furthermore, there is documentation of a X which X was non-certified because there was no documentation of the X. A follow-up note dated X that the claimant has X is being requested. However, the denials concern regarding a X. Therefore, X is not medically necessary."

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. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the X. The Official Disability Guidelines note that X. 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)