

True Resolutions Inc.
Notice of Independent Review Decision

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

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 X who was injured on X. X reported X. X stated that X. The diagnosis was X. X, MD saw X on X for a follow-up of X. X was able to X. Pain level at X was X, and X was X. The pain was described X. X and X had been denied. "X in the physical exam since the last office visit." In the office visit dated X, X examination noted X. In the office visit dated X, X examination showed X. An MRI of X dated X, showed X. X were X without X. X was seen X. Treatment to date X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Given the current clinical data, the request for X is not recommended as medically necessary. The submitted clinical records indicate that the claimant has X with X. There is no documentation of X. It is unclear what significant benefit is expected with X. There are limited objective findings documented on physical examination. Therefore, medical necessity is not established in accordance with current evidence based guidelines." Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Given the current clinical data, the request for X is not recommended as medically necessary. The submitted clinical records indicate that the patient has X with X. There is no documentation of X. It is unclear what X with X at this point in the patient's X. There are limited objective findings documented on physical examination. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. The request for X is not medically necessary."

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

The submitted clinical records indicate that the patient has X with X. There is no documentation of X and X as a result of X. It is unclear what X is X with X. There are limited objective findings documented on physical examination. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. The request for X is not medically necessary.

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