

**Independent Resolutions Inc.
An Independent Review Organization
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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 who was X. X reported X. The diagnoses were X. A X on X showed X. There was X and X. It was X would benefit from X. X was X. X was evaluated by X, MD for X. X was X. X and X. X was X. On examination, X. X showed X and X. The X was X. According to the X by X / X dated X was X. X reported X. X rated such X. X reported X but that X. X would X and X. X was X which X. The X was X. On examination, there was X. There was X. The X. The X to X and X. There was X and X. The X showed X. The X and X. The X and X. Per assessment, X demonstrated X. X continued to X and X. X would benefit from X. X to X and X. Treatment to date consisted of X. On X,

the request for X was non-certified. Rationale: “Based on the information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The current request in X already exceeds the guideline recommendation. In addition, X. X factors were not identified to warrant X. On X, the X for X was non-certified. Rationale: “Based on 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, the X for X is X. In this case, the patient was re-evaluated on X and reported X had X along X performed X due to X. On X, the patient was on X visit. X reported X had X since X but that X still had X from X. X would like to continue X to address X. A request for X was made. However, upon comparison of findings that would show X was not established as the X and X remained unchanged from X and X. Furthermore, the current request in addition to the completed X still exceeds guideline recommendation. Exceptional factors are not identified to support ongoing X vs. X.

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

The ODG X. The documentation provided indicates that the X. The X has X. There is a X. While X may be indicated to address X.

As such, X is not supported as 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