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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:**  
Board Certified 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 sustained an X when X. X stated that X. The diagnoses included X.

X was seen by X, DO on X for X and X. X by X and X. X stated X. X was X and X. The pain was X. The pain was X and X. X with X. X had X had to X and X. X had X. X was X. X was X and X. X to X. On examination, X was X. X examination X of the X. X had X and X. X revealed a X. There was X with X and X. X had X from the X. X and X of the X. X had X. On X reported X. The provider noted that it was X, which were X by Dr. X office and had been X. X would X.

A X was completed by X, MD on X documenting X had X. The X as a X. A X was performed by Dr. X. X with X. It was X or X. On X, there was X. X

with X. X produced X. X could X. The reported X had X. The X was rated as X. The X

An X revealed X. X of the X showed X or X. X of the X.

Treatment to date included X.

Per notification of adverse determination by X, MD, on X, the request for X was non-certified. X: "There was X. Also, the request for X is only recommended in X. Furthermore, there was X.

Per peer review by X, MD on X, the request for X was non-certified. X: "Based on the clinical information submitted for this review and using the evidence-based, peer review guidelines referenced above, this request is not medically necessary. In X and in the X that would require X from the guidelines, the request for X is not medically necessary as the procedure it is not recommended based on a X.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The request for X is non-certified and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Post X indicates that the X. The X. Additionally, the Official Disability Guidelines note that X are not recommended based on a X. Since X has been X. There is insufficient information to support this request, therefore medical necessity is not established given the medical records provided.

***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)