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 sustained an injury on X. X and X. X reported X and X. The diagnoses included X, and X. X was seen by X, MD on X. X had X. On examination, there was X. There was a X. X had X. The X was X. X was X. X of the X. X was treated with X. On X reported X. X was X and was X. X was X and X and X. X had a X but reported X. X to have X. X was X. X was X. On X presented for X. X and X. The X had X. X of the X. An X. Treatment to date included X. Per Notification of Adverse Determination by X, MD on X, the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. It was noted that a X. Moreover, objective evidence of X. Per Notification of Reconsideration Certification Determination by X, MD on X, the request for X was certified. Rationale: "Based on the clinical information submitted for this review and using

the evidence-based, peer-reviewed guidelines referenced above, this request is certified." Per Notice of Review Outcome Initial Adverse Determination by X, MD on X, the request of X was non-certified. Rationale, "Per Official Disability Guideline, "Recommended as X. X a not recommended following X. There is no documentation of the X. The request exceeds guidelines. Per case discussion, the X. The X and therefore X is not supported. Therefore, the request is not medically necessary and is not certified.

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

The X with a X. The X had reported X. X detailed X. The X and X. Given the X. Proceeding with a X would be reasonable. There are X. Therefore, it is this reviewer's opinion that medical necessity for the request X is established

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