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***Notice of Independent Review Decision
Amended Letter***

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 is a X who was injured at X on X. X reported X was X, when X noted a X and X. X reported history of a X in X from a previous X. X was diagnosed with X. The current assessment was X.

X, DO saw X on X for a follow-up. Per the note, X was using X, X and X. X was X. X was more X and X. X was X only on programs X and X. X was X. X had X. X was having some X. On examination, X was X. There was X or X. It was just X, and this did happen with X. X had X and X felt it was X. Dr. X noted this was X. This was a X about a X. As a result, X

recommended X. The plan was to try X on a X and X was taking X, X, and X on an X. X had tried X and X, and X would be X. X were X about the X, X. X showed X. X was consistent with this, X was X. Per a follow-up note dated X, Dr. X reviewed the X of X. It was in the X. It was in the X at the X and X. They did cross at the X. Dr. X planned to X with the assistance of the X trying to get better X. X was trying to get back to X. X seemed to be X somewhat regarding X and X and Dr. X explained that X needed to X and X. X was on X, and they may consider X or X if X pain X. At the time, X had X and X in the X. X had X or X in X and a follow-up appointment would be made in X for X of X. In a follow-up note dated X, Dr. X documented that X was X and X. X had X over the X about X. This was a X. Despite X, this X did not X. Dr. X explained that this was a X trying to help X and X from X. X reported the X was X. The X was X, and X was added. Due to the X that day, Dr. X recommended X.

X of the X dated X showed a X was X. There was X throughout the X, with X.

Treatment to date included X, X, X, X, X, X and X.

Per a utilization review adverse determination letter dated X, the request for X was noncertified by X, MD. Rationale: "Per evidenced-based guidelines, X is conditionally recommended for X associated with X. In this case, X was requested; however, documentation of X as well as referred pain was X. In addition, X could not be completely precluded as there was X. Furthermore, there was no documentation of continued ongoing conservative treatment including X and X, since use as a X is not recommended. Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. As per above there is lack of objective details to meet medical necessity."

In an office visit note dated X, Dr. X documented, "X presents today for further care of X, which is not uncommon. X can become X. This is a X

that is a term referring to X and X. A X again was X. X are requesting a X about the X. X would encourage the doctor to pursue X if X is X and X, requiring X. Unfortunately, the previous doctor was X and denied reasonable necessary care as practiced by this Board Certified Fellowship X with over X in treatment of X. In the meantime, X by this X and it is also effecting X from the X. X and X are X. X states X now wants a X to rule X. There did not appear on reprogramming here today X, however, due to X, X, this is a reasonable request. In the meantime, X is on a combination of X, X, X. X got X and X feels if this pain X will require X once again and as a result, X are going to have to resubmit. Unfortunately, the doctor who reviewed this care obvious is X and a pain that may accompany this. X will arrange for this as soon as possible. Once again, X are going to request X about the patient's X in the area of the X, which was X here today. X were X. This is not X, this is X, this is not in the X, this is in X that has become X.

Per a reconsideration review adverse determination letter dated X, the appeal request for X was noncertified by X, MD. 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. This X injured the X on X. No mechanism of injury is clearly stated. The reported condition is considered X because X have X. Other treatments include X. A request for X, was made. The following are important considerations: X may be recommended as a X for treatment of X that is not resolving; however, the patient must be X in an X. X is not X as the X. The request is non-certified for the following reasons: there is insufficient documentation to X by X, X, X, and X; it appears from the medical records that X is being used as the X for the treatment of subject pain."

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 is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the request for X was noncertified by X, MD. There is insufficient information to support a change in determination, and the previous non-certifications

are upheld. The X being requested is X. Guidelines note that X per session should be performed. There is no documentation of continued X is not recommended. 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)