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An Independent Review Organization
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***Notice of Independent Review Decision
Amended X:X***

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 injured on X when X was involved in a X. X was X, which got into an X during which a X. The impact also caused X to injure X and X. The diagnoses were X, X, X; X; and X and X. X was evaluated by X, MD on X for the X, X and X. X presented with X. X had an X done by Dr. X; X. X had X. It appeared in review that X had X or the X and about X for the X. Hence, it was felt to be prudent to address both X. X asked if Dr. X could consider doing X in the same X. X also asked that X see a X and stated X was not the same as X was X and Dr. X felt X had some X related to the same. On examination, X with a X and had X. X had pain X. A X was noted on the X. There was a X, X, and X / X. The X showed X in the X, and a X. An X

dated X revealed X or X. There were findings which may reflect an X. An X was noted. There was X and X. Treatment to date included X, X, X, X, and X. Per a utilization review adverse determination letter dated X and a peer review dated X, the request for X and X was denied 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. Per evidence-based guidelines, X is recommended only with an X or X in patients with evidence of X and X by X and after the X. While there is reasonably good evidence supporting X and X, and therefore should not be performed as a X. In this case, the most recent visit dated X had no documentation of X. Furthermore, there were no actual imaging or X submitted. After speaking with Dr. X, the X is the X. The patient has not had a X??? s X. The patient has X, and basically cannot X, it is stated. After this discussion, the requesting did not provide any evidence of X, X. They did quote a X, but no other X. The request is not supported." Per a reconsideration review adverse determination letter dated X, the appeal request for X and X was denied 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. The medical records provided were limited as there were no X reports submitted to validate that there was indeed an X and failure of conservative treatments done."

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

The claimant had been followed for complaints of X following the X. The previous X did note evidence of X. The claimant had used X. The most recent evaluations of the claimant did note a X. There was X available for review confirming a X. The records also did not detail X to include X. Therefore, it is this reviewer's opinion that medical necessity for requested X as necessary, is not 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 X
- 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