

True Resolutions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: @trueresolutionsiro.com

Notice of Independent Review Decision

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 is a X who was injured on X. The mechanism of injury was not available in the records. The diagnoses were X and X. On X, X visited X, DO for X in the X, which seemed to be X. X revealed X, X, and X. Per Notification of Adverse Determination dated X, the request for X, X, X, X, and X. Rationale: "Per evidence-based guidelines, X is not recommended with X. X is recommended as an X and X if necessary to X. Also, recommended for diagnosis and X. In this case, the patient was diagnosed with X. A request for X, and X, X was made. However, the clinical reports submitted were very limited to validate medical necessity of the request. There was no evaluation/office report presented to assess patient's current functional status. Pending this, the request is not supported." On X, per

Notification of Reconsideration Adverse Determination, the appeal for X and X and 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. Per guideline, X is recommended on a case-by-case basis as a X. X at a X are the only recommended approach; X are not recommended. In this case, the patient had X. The pain was rated as X. The patient was now having X. On examination, X was in X due to X. The X was X. The X had X, otherwise X. The X was X. The X were X. A request for X was made; however, the X were not X as it can be noted that there was X documented in the recent visit. The X was not established from the recent visit. X to X, and X were not established. There was also no mentioned if the current request would be X and X for guidance. Moreover, the guideline also stated that this treatment should be administered in X, and all patients should be X and the X. There were no additional medical reports submitted to overturn the previous denial of the request. Clear exceptional factors are not identified. With X and X, X is recommended as an option in atypical cases, using X. Meanwhile, X is not recommended to demonstrate X has already been clearly identified by X and obvious clinical signs, but recommended if the X is not clearly X or clearly X, or to X from other X if other diagnoses may be likely based on the clinical exam. In this case, the patient was referred for X as X had significant X and X. A request for X, X, X, X was made; however, the X were not fully addressed as it can be noted that there was X documented in the recent visit. The X of the X was not established from the recent visit. The guideline also stated that X is not recommended with typical findings of X including X, X, or X. It can be noted that the patient had X. The X in X, X. The X was X. There were no additional medical reports submitted to overturn the previous denial of the request. X are not identified."

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

The Official Disability Guidelines discusses X. An X is essentially an extension of a X. The medical records in this case document X and X. X were noted on prior X. The medical records indicate that an X is being proposed in order to help with decision making regarding a possible X. The requested X would be supported as medically necessary in this setting.

The request is 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