

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

**Independent Resolutions Inc.**  
**An Independent Review Organization**  
**835 E. Lamar Blvd. #394**  
**Arlington, TX 76011**  
**Phone: (682) 238-4977**  
**Fax: (888) 299-0415**  
**Email: @independentresolutions.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 sustained an injury on X while at X. X and X and the X. The diagnoses included X and X. X was seen by X, MD on X for X. X had a X in X and X. X reported the pain was X and had X. X was treated with an X and stated the pain X. The X was described as X and X and X. The X was X and the X. It was interfering with X. X had been X and was X. X as a X. X was released to X. X tried to X but was X. X was X. X had X and X. X was X despite continued X, X, X, and X in X. X had to go to the X and per X, they gave a X and X. On X, X was seen via telehealth visit for X and X. X reported the pain was X and had X. On X, X reported X tried to X. X had X that was X, X, and X. X also had X but that was never X due to X. X had been X and

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

continued to have X. X on X showed X. Treatment to date included medications X, X, a X, and an X. Per Notice Of Adverse Determination by X, MD on X, the request for X was non-certified. Rationale: "Regarding X, the Official Disability Guidelines conditionally recommends the use of X. Repeat X are not routinely recommended and repeat requests should have supportive documentation of X with documentation of X. In this case, there is documentation the patient has X with X, a X, and X, X, X, and X. There is a lack of documentation of treatment with X, such as X. The request received does not document an examination of the patient's X, there is no official X received. Therefore, the request for X is non-certified." Per Notice Of Adverse Appeal Determination by X, DO on X, the request for X was non-certified. Rationale: Official disability guidelines conditionally recommend the use of X in specific X. This treatment should be administered in X, which may include X program. X are not recommended for the treatment of X findings on examination. X are not recommended for the treatment of X. Symptoms of X, such as X, X must be well documented, along with objective X on X. X are not routinely recommended unless there is evidence of X and X and are better supported with documentation of X. The initial determination dated X recommended non-certification of X due to X and official X and X, such as X. This request is made for X follow-up visits with the medical provider, the patient reported X. The pain scale was documented as X, X and X. The current request lacks documentation of X and X. Therefore, the request for X is non-certified."

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

The request for X is not recommended as medically necessary, and the previous denials are upheld. The patient's X is not documented. There are no objective X provided to establish the presence of X. There is X.

Therefore, medical necessity is not established in accordance with current evidence based guidelines.

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

**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