

Independent Resolutions Inc.

An Independent Review Organization

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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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X with a date of injury of X. X sustained an injury at X. X was diagnosed with X, X; and X. X was seen by X, MD on X for evaluation of X. X experienced pain in the X and X. X also X. Examination of the X. There was X. X of X was noted. X of the X dated X demonstrated X. An X / X of the X was obtained on X. The findings were X. An X of the X dated X revealed a X. There was X, X, and X and X. X the X was noted. Treatment to date included X. Per an Adverse Determination Letter dated X, the request for X and X, X was denied by X, MD. Rationale for the X denial: "Per X, X patients should be X, as well as for complex X or other X, and it is recommended that there should be a X. In the event it is needed for X or X, appointments should be scheduled generally X. If there have been X yet there are X, an X. Per the Official Disability Guidelines, "Allow for X frequency, X. X: Medical treatment: X. X: Not recommended, but X Given that X of X have been approved, it is unclear if they have been completed. The current request exceeds guidelines

as X would not be supported. There is no X. As such, X is recommended for noncertification.” Rationale for X denial: “Per the Official Disability Guidelines, ‘Allow for X, X. More X may be necessary when X is a problem, even if X. X and X of X On X, there is X on the X. There is X to the X and X. There is a X. There has been previous X approved for X. There is a request for X. Given that X a X would be supported. As such, X for the X are recommended for X. However, as X was unable to reach the X to X, the request remains not certified at this time.” Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale for X denial: Per ODG, ‘Allow for X, X.’ The patient had a X and was X in the past. However, there is no documentation of X, no documentation of significant deficits on exam, and X could not address any remaining deficits. This request is not certified.” Rationale for the X denial: Per ODG, X or more per X, X. The patient has X and was approved for X in the past. However, there is no documentation of X, no documentation of significant deficits on exam, and no indication a X could not address any remaining deficits. This request is not certified.”

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

Per an Adverse Determination Letter dated X, the request for X was denied by X, MD. Rationale for the X denial: “Per X, X should be X for X as expected, as well as for X or other complications, and it is recommended that there should be a X. In the event it is needed for X, appointments should be scheduled generally X. If there have been X yet there are X, an X is often X. Per the Official Disability Guidelines, “Allow for X, X. X: X: Not recommended, but X or X Given that X have been approved, it is unclear if they have been completed. The current request exceeds guidelines as X would not be supported. There is X. As such, X is recommended for noncertification.” Rationale for X denial: “Per the Official Disability Guidelines, ‘Allow for X, plus X. More visits may be necessary when X is a problem, even if X. X and X and X, there is X. There is X and X. There is a X to the X of the X. There has been X approved for status X. There is a request for X for the X. Given that X are supported for X would be supported. As such, X for the X are recommended for certification. However, as X was unable to reach the X to discuss treatment modification, the request remains not certified at this time.” Per an Adverse Determination letter dated X, the prior denial was upheld by X,

MD. Rationale for X denial: Per ODG, 'Allow for X, X. The patient had a X and was approved for X. However, there is no documentation of clinical functional X, no documentation of X, and X any remaining deficits. This request is not certified.'

Rationale for the X denial: Per ODG, 'Allow for X, plus X. The patient has X and was approved for X. However, there is no documentation of objective X, X, and X could not address any remaining deficits. This request is not certified.'" There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that previous X have been authorized. The request for X would exceed guidelines. When X exceeds the guidelines, X should be noted. There are X of X documented. The patient has completed sufficient X and should be capable of continuing to improve X and X, X.

Based on the clinical information provided, the request for X and X, X is not recommended as medically necessary, and the previous denials are upheld.

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