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Notice of Independent Review Decision

Review Outcome

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 on X when X. X was diagnosed with X.

On X, X was evaluated by X, FNP or follow up on X of the X. X reported of X injury that involved X. As a result, X was X. X described the pain as X. X made the pain X. X and X helped X. No X or X was associated with X. X stated that X. Examination of the X showed X. X demonstrated X. There was X. The diagnoses were X. MRI X dated X showed X. X of the X dated X showed no X. Treatment to date included X On X, the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using evidence based, peer reviewed guidelines

referenced above, this request is non-certified. Prior X efficacy cannot be verified objectively.” On X, the appeal for X was non-certified. Rationale: Based on the clinical information submitted for this review and using the evidence-based peer reviewed guidelines referenced, this request is non-certified. Per guidelines, X should only be undertaken if there is evidence of X, X, and X and X as documented to permit X. In this case, the patient had a X on X. Per X report, X presented for follow-up on X of the X. X stated that from X, X received up to X for X of X. The plan was then for X to be scheduled for X at X on X with Dr. X, MD. However, objective evidence of X and X and X still cannot be verified in the medical reports submitted before and after the prior X on X. Also, there was no evidence that X or X is incorporated with the X of the X during the X. Furthermore, it was unclear if the patient has X or X in conjunction with the current X requested. The guidelines indicated that X are not a stand-alone treatment. Thus, the prior non-certification is upheld.”

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 recommended as medically necessary, and the previous denials are overturned. Post designated doctor exam on X indicates that X should be approved. The submitted clinical records indicate that after the prior X, the patient reported X for X. X reports X was able to X and X without X. X also X. Given the additional information regarding the patient’s response to X, x would opine medical necessity has been established.

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 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 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)