

**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 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 injury involved X. The mechanism of injury was not available in the provided medical records. The diagnosis was X. A X follow-up visit by X, DC was documented. X presented with X. The pain was described as X. It was X by X. X stated that X. The pain X. X continued to X. Examination was deferred. The assessment was X. The plan was to X. X was instructed on X. Per a utilization review adverse determination letter dated X, the request for X not certified by X, MD. Rationale: "The request for X is not medically necessary. The request in question was framed as X. While ODG's X topic notes that X is recommended as an option, depending on the availability of X, here, however, the outcomes of X were not clearly discussed or detailed. ODG further notes that one of the primary criteria for X is evidence that a claimant has X. Here, however, there was no mention or discussion of the claimant's X. It is unclear whether the

claimant does or does not have X. It is unclear whether X is or is not feasible. ODG further notes that claimants should not be candidates for X which would be X. Here, however, the attending provider stated that the claimant has a X. It is uncertain whether the claimant is or is not a candidate for X to X. There was no record of the claimant's having X. ODG further notes that X are indicated where an individual has X which X. Here, however, the attending provider's documentation suggests that the claimant's X are X in nature. It is unclear why X and associated X have been ordered when X. X of the request are, thus, at odds with ODG Guidelines for X. As such, the request is not medically necessary. Therefore, the request for X, is not medically necessary. Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "ODG by X Last review/update date: X "X system: X and X type: X, X. Conditionally Recommended X as indicated below. A few, but not all, X are widely accepted, well-established X for X, and X. X evaluations should be selected to distinguish between conditions that are X, X or X. X should be individually considered to determine whether further X are indicated." "During the peer to peer the provider stated that X wanted to examine this claimant for X and X. X stated it was based on those findings that X would stipulate a plan of care most appropriate for this patient which would be X. No additional info was exchanged. The clinical fact remains that this patient's current profile is consistent exclusively with X. Nothing in this patient's profile suggest X for which the above consultation would otherwise be indicated. Given this patient's current clinical profile and the X treatment guidelines the above request does not have medical necessity. The same request was non-certified on X based on lack of evidence of X. Therefore, the request for X is noncertified."

**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 not recommended as medically necessary, and the previous denials are upheld. The requested X are noted to be X. The submitted clinical records indicate that this patient's only X are X. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient's work history is unknown. There is no documentation of reports of X. Therefore, medical necessity is not established in accordance with current

evidence-based guidelines.

**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