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An Independent Review Organization
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Notice of Independent Review Decision

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 who was injured on the X. X was X, and when X was X. The medical history was significant for X. The diagnosis was X and X.

An office visit by X, MD was documented on X. X presented for follow-up of X, with a X with X new X, going from X. X did this with a X to be X. X had been having X with X having to use X. X sustained an injury to X and was treated by Dr. X including X where X was X and X. The pain was located on the X and X. It was X, and X. X had done X and X with Dr. X, tried X, now X. X had been using X. X was not interested in trying X. This was X and X and X sought an appeal from Workers' Compensation for approval to obtain X. On examination, the X showed X. X; and X and well

X. X was noted to X on the X. The assessment was X. The plan was to work on X and eventually do a X.

X of the X taken in the office on X, revealed X and X. In X, X had X and X. In X, X had X.

Treatment to date medications X.

Per a utilization review adverse determination letter dated X the request for X was denied by X, MD. Rationale: "This X has primary X in the X. X is X and X, which the ODG recommends as a X in its guidelines. X is X. All X. X has been X. The ODG has criteria for X, but they do X should be used. The ODG just states that X has not been proven X. The ODG does, however, state that the "approach of these procedures should be left to the discretion of the X." This proposal is not for a X. Despite all the criteria in favor of this requested procedure, the X, and the ODG states that the X should have a documented attempt at X. Therefore, the request is denied."

Per a reconsideration review adverse determination letter dated X, the appeal request X was denied by X, MD. Rationale: "Per ODG, 'X: Not recommended based on lack of evidence showing X.' Also, per ODG, 'X.' The patient has a X and the X notes the plan is to continue to X. X is not recommended for patients with a X. Additionally, X is not supported by guidelines and the X notes the claimant is an acceptable candidate for X as the X does not think X has X. This request is not certified."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG recommends X when there has been a X and X and X. The ODG does not recommend X based on lack of evidence showing X. The provided documentation indicates this X and X. There are X findings consistent with X. The X is noted to be X. Per the most recent provided progress note from X, the treatment plan was continued X to get the X. There is no evidence

that the current X. There are no documented X. As such, X is not medically necessary.

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 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 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)