

I-Resolutions Inc.

An Independent Review Organization

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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

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 sustained X on X. X was X when X. The diagnoses included X.

X was seen by X, MD on X for evaluation of X. X was X. X had been X. X pain was X. The aggravating factor included X. It was X. X had X but X had X. Physical examination was X.

A X was performed by X on X to determine X. The diagnosis included X.

On X, X and X, Dr. performed X. It was noted that X had X. In summary, the pain resulting X had X. X reported X. The pain had resulted in X. It was opined that X. X should be X. The program was X. The program consisted of X. X would address X.

In an appeal letter by X, Dr. X, and Dr. X on X, it was documented that the reviewer denied X because X. But, it was also written in X that X. Because X job required X, he was experiencing X. X also continued to X. The denial stated because X, X did not X. But X progress summary stated X. The X could X.

X on X demonstrated X.

Treatment to date included X.

Per utilization review determination by X, MD on X, the request for X was non-certified. Rationale: "According to the evidence-based guidelines, X may be considered medically necessary in the following circumstances X. In this case, it remains relevant that the

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patient underwent X on X, which determined that the patient was X. As such, along with X, there is no indication for a X. The X is X which would not require X. In the peer discussion, X felt the patient X. However, the addition of X would not require X. Given the above discussion, the current request is not supported. Therefore, my recommendation is to NON-CERTIFY the request for X.

Per an adverse determination by X on X, the request for X was non-certified. Rationale: "Within the medical information available for review, there is documentation of a request for X. Additionally, there is a previous adverse determination rendered due to lack of documentation of X, a concern that X, and X determined that the injured worker was X. In this case, the injured worker has X. However, given that X, there is no evidence that X. Also, the prior adverse determination's concern that X would not require X has not been addressed. Furthermore, the current objective clinical picture is not clear. As such, the current request is non-certified and the original denial 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 not recommended as medically necessary, and the previous denials are upheld. Per utilization review determination by X on X, the request for X was non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that X. There is X. It is unclear if this patient has 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-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- 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)