

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. X was injured when a X. The diagnosis was X. A X by X, MD on X indicated that X was X and X. X, X and X were X. X and X were X. X was X. X was provided and X, with X. X was X, X. X was X. There were X. X was X. X was X. X was X. X after X. X for X. According to an evaluation by X, MD dated X, X complained of X and X. There were reports of X and X, which X described as a X. X were X. There was also X. Due to X, X had X. There was X. The pain was rated X. X are associated with X, X, and X. On examination, X was seen in the X. X was X. X were X. X was recommended for X. Treatment to date included X. A Notice of Adverse Determination-WC Non-Network dated X was documented. The request for X was non-authorized. Rationale: "The Official Disability Guidelines state that X is recommended for patients with X, such as with X / X. The patient reported X

which X described as a X. X were X. There was also X. Due to X, the patient had X. There was X. Although, X may be warranted, it is unclear as to why the patient would require the associated X. Therefore, the request for X is non-certified.” On X, an Appeal Request Denial indicated that the appeal request for X was non-certified. Rationale: “Regarding the appeal for X, the Official Disability Guidelines states that X is recommended for patients with X. X is generally recommended for patients with X. X is recommended for X. X may be an option as an X. X is not recommended as a X. Although a X may be considered. X is not recommended. However, a X may be recommended if used as an X to a program of evidence-based conservative care. An X is generally recommended as an option for X. Additional resources indicated that X is recommended for X. The previous request for X was denied as it was unclear why the patient would require the associated X. The provider stated that the X was recommended with X. If medically necessary, the X would be added as part of the X if the patient developed X. If the patient had difficulty with or was unable to X due to pain or X. If the patient was X, the patient may require X. The patient had ongoing complaints of X. An appeal was recommended for the patient's X. While X is supported for this patient's clinical presentation, not all the requested modalities are supported. The X should only be recommended based on the findings of the X to determine the need. The X is not recommended for X. The documentation did not identify that the patient had a condition that would support the need for the X. As the provider indicated that additional treatments would be contingent on the findings, the request would be appropriate for the initial X. However, modifications of orders are not supported without peer-to-peer discussion and agreement. Therefore, the appeal request for X are non-certified.”

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

There is insufficient evidence in the current medical literature to conclude that X is effective for this claimant’s condition. The requested X is not medically necessary. The medical records provided do not provide a clear rationale as to why the patient would require the X. Per X: “There is X that X has X. Given the X in other causes of X periods are required.” Per Alghadir et al (2018): “From the current evidence, it is difficult to provide conclusive evidence regarding the efficacy of X in patients with X. Therefore, more randomized controlled studies

are required to make firm evidence on the effect of X in X. The future prospective, blinded, randomized controlled studies may help to isolate possible X and other general effects.”

Given the documentation available, the requested service(s) is considered not medically necessary.

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