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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 with date of injury X. X was diagnosed with X. X sustained an injury when X.

On X, X, MD evaluated X for follow-up. X continued to X. X had to X it every X. Unfortunately, X was getting X and as a result with the X, they were able to change X. At the time of visit, X was showing X of X. X continued to have X in X, X and X. X was X at X. X took X, X, X, and X. This combination of X was X with X and X about X following X. X affect showed X as X on X and X was X. On X, X continued to do X for X, X, and

X. Unfortunately, X continued to have some X about X in the X as well as in the X. X were X. X had tried X and X regarding this, which had all X. X was X. X was X for the X, which was X. The remainder of X may be treated with X with Dr. X, X as well as X as X were X about the X. There were X. Those were X, which were X. On X, X presented for X, X effectively treated with the X. X only X was X in X, X and X. This was not uncommon. Given the X of X complaint until they X with the X and X. X was using X it every X to X. X was using X. A X in X as well as X was noted with X. X had X and X. X had X to include just X, occasional X, X at X and X in the X. X unfortunately was not approved for X as a result they were going to recommend a X or X, X could X the X of X.

An X of X dated X revealed X and X which appeared X. The X and X between a X and X / X. There was also a X with X. There was X of the X of the X and X within the X with X. A X with the X of X and more X within the X further X. Sources of X in this patient included X and X and X. X from X was noted. X was noted. X of the X of the X with X was seen.

Treatment to date consisted of X, X, X, X.

Per a utilization review dated X, the request for unknown X to the X between X and X was non-certified by X, MD. Rationale: "Based on the submitted medical records, the claimant has X with X in the X and X. The clinical findings demonstrated X about X. The guidelines recommend X for X. However, the claimant has X, which the guidelines do not recommend this treatment for this X. In addition, there was a lack of documentation of ongoing X and X, as X is not recommended as a X. Furthermore, there was no documentation of X for the requested treatment. Requests for information are not X. Therefore, the request for X is non-certified."

Per a utilization review dated X, X, MD noncertified the request for a X to include X and X between X and X be non-certified. Rationale: "With regard to X, the Official Disability Guidelines recommend this treatment for X. However, this is not recommended for X and X, X and X. X with any X

other than X are not recommended. X is recommended if all of the following criteria are met; documentation of X with X a X as well as referred X; X > X; medical management such as X, X, X, or X have X; X on X,X or X; no more than X per X; X unless > X with X use for at X; Frequency should not be at an X; and documentation of continued ongoing X including X and X, since use as a X is not recommended.” “As per medicals, the claimant was X from X. The clinical findings demonstrated X. The guidelines recommend X for X associated with X. However, the guidelines do not recommend this treatment for X. Therefore, the request for X to include X and a X is not non-certified.”

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

After reviewing the medical records, X would agree with the prior medical reviews. X are not supported per ODG for X. Additionally, the clinical findings would not support going outside guidelines in this case. The claimant has X, which has not been shown to be X. In addition, there was a lack of documentation of ongoing X and X. Given the clinical records, the request for X to include X and 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)