

**Independent Resolutions Inc.**  
**An Independent Review Organization**  
**835 E. Lamar Blvd. #394**  
**Arlington, TX 76011**  
**Phone: (682) 238-4977**  
**Fax: (888) 299-0415**  
**Email: @independentresolutions.com**  
***Notice of Independent Review Decision***  
***Amended***

**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 sustained an injury on X. X while on the X. The diagnoses included X of the X. X was seen by X, MD on X. X continued to complain of X. X wore an X as X. X was X due to X. On examination, X on X with a X. There remained some X the X. Most of the X was X and X. There was X. There was X to X. There was X with X. X was able to X and X and X with X. X was X, and there were X. On X, X visited Dr. X. X presented for follow-up on X injury that X sustained on the X on X. X continued to X, X, and X. X was using X. X had been on X. X was very X at that point. On examination, X on X with a X. X continued to have some X the X. Most of the X was X and X. There was pain with X. There was X to the X. There was X and X of X due to X. X was X, and there were X. An X of the X dated X demonstrated X and X. There was X involving the X and X. X was noted at the X and X without evidence of

X. There was X of the X. X and X were noted. There was X. Treatment to date included X, X, X, and X. Per a utilization review dated X and a peer review by X, MD, the request for X with X, X, and X of the X was non-certified. Rationale, "The ODG supports X for the X when there is evidence of a X or X, X, and ongoing X on exam or documentation of X on X. The ODG supports X of the X and X for documented X but not for the X. The documentation provided indicates that the X complains of X and X which has included X, X, and X. A recent examination of the X documented a X, X, X and X, X, X, X. An X documented a X, X, X and X, and X. There is a request for a X with X, X of the X, and X procedure. Given the persistent X, X, and X with evidence of X on exam and X for a X would be supported. There is no documentation of X on imaging to support a X. An X and X would be supported given the documented X. As such, a X is recommended with X with X and X of the X with non-certification for X and X. However, as X was unable to reach the treating physician to discuss treatment modification, the request remains not certified at this time." Per a utilization review dated X and a peer review by X, MD, the request for X, X, and X of the X was non-certified. Rationale, "In this case, the X has X, X, X, X and X. X show X. X complete X. X involving the X and X. X of the X and X. X of the X through X. X has been treated with X, X, and X. However, there is no evidence of X to support the X. Due to X and inability to get agreement with physician, this case is nonauthorized. Therefore, the request for X and X, and X is not medically necessary."

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

The X of the X following a X of conservative treatment. The ODG supports X and X when there is a X and/or X, X treatment with X, and X on X or X evidence of injury that is appropriate for X. The documentation provided indicates the X on X resulting in X. As of X, the X had continued X, X, and X ongoing treatment with a X. Additional reported treatment includes X, X, and X. On X, there is X, pain with X, and X. An X demonstrated X. Given the X, X are supported. Given the X, X, and X and X with X and imaging findings that corroborate X, X is supported. Given a lack of documented injury to the X and X of documented X on examination, X is not likely 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