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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:

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 X. X was X a X. The diagnosis was other X.

X was seen by X, MD on X for X. X reported X. The pain was rated X. X was able to do X. X had X. Pain was aggravated by X. X was not taking X. X had X. X was able to X. X was X.

X had a follow up with Dr. X on X for X. X rated X. X was able to do X. X had X. Pain was aggravated by X. X was denied the X. Appeal for the X.

X was seen by Dr. X on X for X. X reported X. Pain was X and was rated X. X was able to X. Pain was X. X had X.

Dr. X completed X and stated that X could return to work as of X with X. X included X. X was recommended X. X were specific to X. X was X.

X had a X. X was on X. The diagnosis included X.

An X dated X revealed X.

Treatment to date include X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Recommended as indicated below carefully selected patients with proven X. X. Criteria for X. In this case, the X received X. The X had also completed X. However, X revealed X. In keeping with the X. The injured worker X. Therefore, the requested X."

Per a Peer Review Report dated X by X, MD, the request for X. Rationale: "As noted in X. Here, however, there was X. It was unclear whether the injured worker X. The previously administered , it is further noted, were administered X. Therefore, the request is X."

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

The request for X. The medical records reviewed noted X. Criteria for X noted the procedures should support an evidence-based X , which is not clearly documented in this case. ODG also notes that such individuals should X. X would agree with previous denials, as it is unclear if there is X. Given the documentation available, the requested service(s) for X.

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)