True 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. The biomechanics of the injury was not available in the provided records. The diagnosis was X. On X, X was evaluated by X, FNP / X, MD. X presented for regular check-up. X reported X more to the X. X was doing X. On examination, X revealed X. X demonstrated X and X across the X with X. An MRI of X dated X revealed X with X. X of X was noted. X was noted. X with X was seen. X were identified suggesting X. Treatment to date included X, X, and X. Per a utilization review adverse determination letter dated X by X, DO, the request for X was denied. Rationale: “Per the ODG by X are recommended prior to considering X for X. The claimant reported X. On X there was X with X. However, there was no evidence of X on X to include a X. As such, the request for X is not medically necessary.” Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for reconsideration X was

denied. Rationale: “According to the Official Disability Guidelines, X are recommended with documented evidence of X and an X, X, X, X, X, or X. In this case, the claimant reported X, more to the X. X findings included X and X. X pain across the X. The submitted MRI revealed X, X; X; X and X. A request was received for X at X. However, there was a X on examination consistent with X, X, and X. Additionally, there was a lack of information to confirm an X as there was no mention of X, X, or X. Therefore, the request for X is not medically necessary.”

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

The request for X was considered. X would agree with denial as there is lack of objective findings of X. The medical records fail to clearly document whether X has been exhausted and whether the claimant has any X. The submitted MRI revealed X and X. The claimant has reported X and X is noted. The clinical documentation makes no mention of X, X, or X.

Given the documentation available, the requested service(s) for X 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