

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Amended Letter X

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 stated that X was X when X experienced a X. The diagnosis was X, X. On X, X, MD saw X for complaints of X. The pain X. An X of the X was X for X and X. X reported that X was able to X and X and X. X rated X pain X. X reported the pain was like X, X, and X. The pain was X and X. X reported pain X and X was able to X, X, and X and could X. X had X and had less stress. X was having pain again and needed another X. On examination, X. X examination revealed X, X in the X, X was X. There was X on X and X noted. An MRI of the X dated X, revealed X with X and X with at X at X and X at X. X of the X dated X, was X for X or X. X finding noted was X. Treatment to date included X, X, X, X, and X. Per a utilization review adverse determination letter dated X by X, MD, the X request for X with X between X and X and X between X and X were non-certified. Rationale: "The Official Disability Guidelines recommend X for the X and states

that X should require documentation that previous X produced a minimum of X and X, X is better supported by documentation of X requirement after the previous procedure. Based on X, no more than X should be administered within a X. X should be administered using X and X for guidance, X guidance is not recommended. X is not generally recommended. When required for X, a client should remain alert enough to X. After reviewing the submitted documentation, the claimant presented with X that X. However, the claimant recently had an X at X on X and it was not yet X since the last X with documentation of a minimum of X and X. Per the guidelines, repeat X should require documentation that previous X produced a X and X for at X, Therefore, the request for X with imaging guidance is not warranted since the guideline's criteria were not fully met. Based on this, the request for X with X is non-certified. Since the request for a X with imaging guidance was being non-certified, the request for X is not medically necessary. Therefore, the request for X is non-certified." Per an appeal review adverse determination letter dated X by X, MD, the request for X between X and X and X request for X between X and X were non-certified. Rationale: "Based on the medical records and guideline recommendations, the request for a repeat X is not warranted. The claimant has X and has been diagnosed with a X. X underwent a X on X. The records indicate it was at X but an X stated it was at X. The claimant reportedly had a X in pain and X. A X MRI on X showed X with X by X and X with at X at X, and X at X. However, the records indicate the claimant's pain had returned by the time X was seen for a follow-up on X. Given the lack of X, another X is not appropriate. Therefore, the request for X is non-certified. The Official Disability Guidelines were cited regarding X. X is not generally recommended. When required for X, a patient should remain X. Based on the medical records and guideline recommendations, the request for X is not warranted. The claimant is not a candidate for a X and does not require X. Therefore, the request for X is non-certified."

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

The request for X request for X and X. X would agree with the previous denial as there was lack of sustained benefit from the X. The claimant reports X due to a X. X underwent a X on X and reported X in pain and function, however, pain had returned as of the evaluation X. Given the lack of sustained benefit from the X,

another X is not appropriate.

Given the documentation available, the requested service(s) for X with imaging guidance and 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