

# True Resolutions Inc.

An Independent Review  
Organization

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**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 who sustained an injury on X. X was X as X. X immediately X. X suffered  
X. The diagnoses included X. X was seen by X, MD on X for X. X reported  
that X. X stated that X had X. X mentioned "X. X get X." X had X. The pain  
was described as X. X was X. On examination, X had X. X mood and affect  
were X. X Patient Health Questionnaire- X. X had X. X had X. X had X. A  
letter by X, PhD on X noted that the X. It was requested that the X. In  
another letter dated X, Dr. X wrote regarding X. X had continuing X. X was  
successful controlling X. In an appeal letter dated X, X, PhD documented  
that "X have attached my initial Diagnostic Narrative of X on X,  
documenting the X. This report also confirms that X previous diagnoses of  
X. X has also been elevated by a X. This clinic helped X with initial  
challenges to the X. This success was X. Despite this X, however, these X. I  
then made arrangements for X to be X. X has had a X. X and X are X.  
Unfortunately, X was recently X. X have attached the letter X wrote to X,

Dr. X, explaining that a "X" is now necessary to X. X have documented these X: our clinic has worked to help X be more X. X levels of X. X has now had X. X and X are beginning to X. A notable sign of progress is the fact that X is now X. There were X. Given the X. X have also been informed that X. X therefore requesting an X. "Treatment to date included X : "Per Official Disability Guidelines, Recommended as an option for X. Not recommended for X, "The patient has received X. However, X continues to have X. X needs to continue with X. However, there is no documentation that the X. Also, there is no documentation of X. Therefore the request is X." "Per Official Disability Guidelines, "- Up to X. (The provider should X." The patient has X. However, X continues to have X. X needs to continue with X. However, there is no documentation that the X. Also, there is no documentation of X. Therefore, the request is X. Per peer review by X, MD on X, the request for X. Rationale: "ODG X . The claimant is diagnosed with X. The claimant has X. The provider notes that X. The provider notes that X. However, these noted X. The claimant is X. The medical necessity of the X. Recommendation is to X." X claim is related to an X. X has X. Request for X. ODG Support X. Further X. X has X. Notes provided information that X has X. Initial X completed but X. Improvements are X. The medical necessity of the proposed X.

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

X claim is related to X. X has X. Request for X. ODG support X. Further X. X has X. X has X. Notes provided information that X has X. Initial X. Improvements are X. The medical necessity of the proposed X.

**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