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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 sustained an injury on X. At X, X was X. The diagnoses included X. X was seen by X, MD on X. The pain had X. The pain was described as X. It was X. It was X. It was associated with X. X was X. X examination revealed X. It was noted that X had X. On X, X underwent a X. The diagnosis included X. On X, X reported X. X examination revealed X. X range of X. On X, X reported X. X of the X on X. An X of the X on X showed X. Treatment to date included X. Per utilization review by X, MD on X, the requests for X. Rationale: "Regarding the request for X, the Official Disability Guidelines (ODG) state that there X. The claimant must have X. No more than X. This should X. With evidence of X. No more than X. With regard to X. For this reason, the requested X. However, it X. For this reason, the request for X. Regarding the request for a X. There must be X. The pain X. Prior treatment should include X. There must be X. The medical records X. Therefore, a X. Based on this discussion, the request X." Per utilization review by X, MD on X, the

requests for X. Rationale: “Regarding X. However, there must be X. The claimant must have X. This should X. No more than X. X, MD noted the claimant had complaints of X. The claimant reported X. An X demonstrated X. It was noted the claimant had a X. Given the X. However, other requests within this review are X. For this reason, the request for X. Regarding X. The pain must X. Prior treatment X. There must be X. Upon review of the submitted documentation, it appears X. The most recent records dated X did X. Therefore, as mentioned in X. For this reason, the request for X.” Patient appears to have X. Can proceed to X. However, X. “X evidence of X. The claimant must X. This should X. No more than X.” For this reason, the request for X.

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

Can proceed to X. However, X. “X evidence of X. The claimant must have X. This should X. No more than X.” For this reason, the request for 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