

Independent 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 with a date of injury of X. X had a X. The diagnosis was X. X was seen by X, MD / X NP on X and X. On X, X presented for X. The pain was X. Most of the X. X had undergone a X on X, which provided X with X. At the time, the X. It was rated at X. The X. The X. On examination of the X. There was X. X was X. On X, X presented for a X. The pain was described as X. It was rated at X. On examination, an X was noted. Examination of the X. An X of the X dated X showed a X. There was X. Treatment to date included X. Per an adverse determination letter dated X; the request for X: "The proposed treatment consisting of X. According to the Official

Disability Guidelines, X. Per the submitted documentation, a X performed on X provided approximately X. On recent examination, the claimant reported X. On examination, X were noted in the X. A request was received for X. However, the examination note X. Additionally, according to the clinical documentation, the claimant underwent a X on X. There was X. Therefore, the request for X.”Per a utilization review decision letter dated X; the denial was X by X, DO. Rationale: “The proposed treatment consisting of X. Per the Official Disability Guidelines X. The claimant reported X. On physical examination there were X. X was X. However, there was X. As such, the request for X.” Documentation provided thoroughly reviewed. Agree with prior reviewers that there X. Patient had prior X. However, returned with X. Rather or X, the patient X. Would recommend to continue X. The request for X.”. Determinations are X.

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

Patient had X. However, returned with X. Rather or X. Would recommend to X. The request for X.”. Determinations are 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