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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:

- Overturned                  Disagree
- Partially Overtuned    Agree in part/Disagree in part
- Upheld                          Agree

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW: X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X is a X who was injured on X when X. The diagnosis was X. On X, X was evaluated by X, PA. X presented for follow-up Workers' Compensation visit after X. X stated X was still X. X had been X. X had been taking X. X had been X. X admitted to X. X presented with a X. It had the following qualities: X. X described the X. The problem was X. X also reported X. X was X. The X examination showed X. The X examination showed X. The X showed X. The X was X. The assessment was X. An X of the X was ordered. X was to X. X was X starting X with the following X: X. X as directed. The X would be in effect until X, X was evaluated by X for follow-up of X. X admitted to X. The X had X, X was still pending per adjuster. X was X. The X examination showed that X was noted. The X examination showed X. The X showed X. The X was reduced in X. There was X noted of the X. The X showed X. X noted that X was X with the following X starting X as to X. The X would be in effect until X. X was advised to take the X An X dated X revealed X. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Regarding X , per X order, ODG provides indications for X. Other indications X. In this case, there is X. There is X. Thus, the medical necessity of this request is not established, Recommend non-certification of the request for X." Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, DO. Rationale: "The ODG supports X. The documentation provided indicates that the claimant reports X. On examination, there was X. The provider recommended an X. When noting that there was X, X would not be supported. As such, the request appeal for X. "Based on the clinical information provided, the request for X, per X order is not recommended as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the request for X as denied by X, MD. Rationale: "Regarding X, per X order, ODG provides indications for X. Other indications X. In this case, there is X. There is X. Thus, the medical necessity of this request is not established, Recommend non-certification of the request for X." Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, DO. Rationale: "The ODG supports X. The

documentation provided indicates that the claimant reports X. On examination, there was X. The provider recommended an X. When noting that there was X. As such, the request appeal for X.” There is X. There is X. There is X. There are X on X examination. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X

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

Based on the clinical information provided, the request for X, per X order is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Regarding X, per X order, ODG provides indications for X. Other indications X. In this case, there is X. There is X. Thus, the medical necessity of this request is not established, Recommend non-certification of the request for X.” Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, DO. Rationale: “The ODG supports X. The documentation provided indicates that the claimant reports X. On examination, there was X. The provider recommended an X. When noting that there was X. As such, the request appeal for X is non-certified.” There is X. There is X. There is X. There are X documented on X examination. Therefore, medical necessity is not established in accordance with current evidence based guidelines. 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF X
- INTERQUAL CRITERIA

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**