

I-Resolutions Inc.  
An Independent Review Organization  
3616 Far West Blvd Ste 117-501 IR  
Austin, TX 78731  
Phone: (512) 782-4415  
Fax: (512) 790-2280  
Email: [@i-resolutions.com](mailto:@i-resolutions.com)

***Notice of Independent Review Decision***

***Review Outcome***

***Description of the service or services in dispute:***

X

***Description of the qualifications for each physician or other health care provider who reviewed the decision:***

X

***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 sustained X.

X was seen by X on X for a follow-up of X. X complained of X. X had undergone X. A X was performed by X on X. X determined that X had not reached X. Furthermore, X agreed that X needed further X. On examination of the X, X was noted. There was X. X revealed X of X, X, and X and X. X dated X revealed X or X.

X underwent X by X on X for X. X stated that X had X with X, but the X. X revealed X. The X was X at X. Examination of the X reveals a X. X was not assessed due to X and X. X to X were noted over the X and X.

Treatment to date included X.

Per a Utilization Review decision letter dated X, the request for X was denied by X. Rationale: "The ODG recommends X. The provided documentation indicates the X sustained X. While not all previously authorized X were completed, it is likely the prior authorization has expired; however, there is no indication the X is unable to proceed with X given the completion of X. Based on available information, X is not necessary."

In a letter dated X, X explained the medical necessity for X. X continued to exhibit X. Although, X had completed X at another facility, X continued to exhibit X that X, but X. X was unable to X, and utilized X when X. X was X on the X due to X.

Per an Adverse Determination letter dated X, the prior denial was upheld by X. Rationale: "Per the Official Disability Guidelines, "Allow for X of treatment frequency (from X to X), X. X: Medical treatment: X: X" In this case, the claimant has X. X has had X with only X. Additional sessions would exceed guidelines. There is no contraindication to X. Therefore, X is not medically necessary."

***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 is not recommended as medically necessary and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The request for X would exceed the Official Disability Guidelines. When treatment X exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed X and

should be capable of continuing to X and X with X. Given the documentation available, the requested service(s) is considered not medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)