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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:

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### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X was X. The diagnosis was X.

On X, X was seen by X, DO for X. X gave a X. X had X. However, X had X. An X of the X was indeed X. Additionally, X had a X. X was X. X were X. Despite that, X was X. X risk for X. X intake X. X had tried X. On examination, there was X. X had X. There was X. X were noted in the X. The assessment included X. X prognosis was X. Dr. X opined X. Getting X. X was prescribed. Per a follow-up note dated X by Dr. X, X continued to have X. X had a X. X had X. X had tried X. X was even on X. Both reasons for X. If the peer doctor X. It was X. X and X do X. X on the other hand had X. X had X. Dr. X spent X.

An X of the X dated X revealed X. At X, a X. At X, there was a X. At X, X. At X, there was a X.

Treatment to date included X.

Per a peer review dated X and a utilization review adverse determination letter dated X, the request for X: "The Official Disability Guidelines discusses X. X are generally X. Such X are recommended X. The medical records X. With that said, it is not clear that the injured worker has X. A rationale at this time for a X is X. The request should be X. The request for X."

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

The claimant has X. The submitted clinical records indicate that the claimant has X. X has X. X also continues on X. There are X documented on X. Based on the available records, the request for X.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHE	ΞR
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
$\hfill \square$ 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
☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
☐ TEXAS TACADA GUIDELINES
☐ TMF SCREENING CRITERIA MANUAL
$\square$ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)