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Notice of Independent Review Decision

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

On X, X was seen by X for X. X had been reevaluated with respect to a X sustained while X. The prior X yielded X for X. Prior treatment included X and X without help. No X were documented. The physical examination was "X" with no additional details documented. X appeared in X. A X was proposed.

On X, X returned to X. X was being re-evaluated for work-related injury sustained while X for X on X. X was denied X on the X in spite of meeting

ODG. X was X. Physical examination was unchanged at the point. X stated that X was denied X in spirit of meeting the ODG. X therefore appealed the denial of the X in X between X through X.

On X, X was evaluated by X. X reported X felt about the same. X reported X and X rated at X. X was having X. X was following the treatment plan, which seemed to be helping a little bit. X had received X. X had X, which did help. X had an X. Physical examination was X. There was no change in the status. The assessment was X. The plan was to appeal for the denial of the X and follow-up in X.

X also presented to X on X for a Worker's Compensation follow-up on X with X rated at X. X presented with a X at X dated X. X had X. X main X was in X and X. X had X dated X on X. X was released by X. X was not a X candidate per X, X was seen by X who had recommended X, which was not approved. It was opined that X would benefit from the X. X had an X of X. X had an X dated X, which showed X. X of the X revealed X. On examination, X and X at the X, X, and X was noted. X was X of the way towards meeting the X of X job. The assessment was X. X was allowed to return to work on X with X which included X.

An X of the X dated X showed X. X were seen at X and X.

An X of the X dated X demonstrated X. X was noted.

An X of the X dated X showed X. Possible X was noted.

An X of the X dated X revealed X. No X and no X or X was noted. X to the X was most likely incidental but could occasionally create symptoms of X.

X of the X dated X demonstrated X.

An X of the X dated X showed X. X or X was noted. There was X. At X there was X. X and X were patent. X was seen at X. X and X remained patent at these X.

Treatment to date included X.

Per a peer review dated X by X, the request for X was denied. This was for the injury date X. Rationale: ODG by MCG, Last review/update: X, X. X.: X. Treatment type: X, "Conditionally recommended as a short-term treatment for X (defined as X in a X) -with corroborative findings of X. Patient criteria for X: (1) X (X or injury to a X that typically causes X and / or X or X in the part of the X supplied with the X from that X must be well documented, along with objective X findings on physical examination. X must be corroborated by advanced imaging studies (eg: X) and, when appropriate X testing, unless documented X support a X diagnosis. A request for the procedure in a patient with X requires additional documentation of recent symptom X associated with X of X. Criteria for use X: (3) X; X are not routinely recommended unless there is evidence of an X after a symptom-free period. This criterion is based on an emerging concept that the true natural history of X due to X often follows that of a X, with temporary occurrences of symptoms over the X, (1) (EG 2) Evidence indicates that X should be restricted to patients with X for less than X. (2) (EG 2) Therefore, the following criteria should be considered: X should require documentation that previous X produced a minimum of X and X for at least X. (10) X is not generally recommended. When required for X, a patient should remain X enough to X. Per the ODG X guidelines regarding criteria for X, "X must be well documented with objective X findings on physical examination. X must be corroborated by imaging studies and when appropriate X testing, unless documented X support a X. A request for a procedure in the patient with X requires additional documentation of recent symptoms X associated with X." In this case, regardless of response to X, there is no current documented evidence of X consistent with X on physical examination. The X revealed no evidence of X. Therefore, a X is not shown to be medically necessary.

Per a reconsideration review / peer review dated X by X, the request for X at the X under X was denied between X through X was non-certified: Rationale: "ODG by MCG last review / update date: X, X "Conditionally recommended as a short-term treatment for X (defined as X in a X) with corroborative findings of X. This treatment should be administered in conjugation with X. Not recommended for treatment of X resulting in X unless there are X findings on examination. X are nor recommended as a treatment for X or for X. X at X are not recommended. See specific criteria for use below...Patient criteria for X. (1) X (X or injury to X that typically causes X and / or X or X in the X supplied with the X from that X) must be well documented, along with objective X findings on physical examination. X must be corroborated by advanced imaging studies (eg, X) and when appropriate X testing unless documented X support a X diagnosis. A request for the procedure in a patient with X requires additional documentation of recent symptom X associated with X. (2) X to conservative treatment (eg: X). The injured worker is with complaints of X. Objective exam noted X by X dated X revealed a X study. The X of the X by X dated X revealed at X, there is X. X and X are X. There is no clear documentation of X from the last X. As such, the request for 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. There is X documented on X. EMG/NCV dated X is a X study. The patient's X prior to the most recent X was X. X is noted to be X. There are no objective measures of X provided. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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
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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)