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

On X, X was seen by X for complaints of X. X reported history of X on X. X was referred by X for further management of X. X was X. X was involved in X. X rated X at X and described it as X. The X was X and was associated with X. X symptoms were X. X had tried X for X symptoms with X. On examination, X was X and X was X. X examination, the X could not be tested due to X. X had X throughout the X. X was able to X. Rest of the clinical examination findings were

X. The assessment was X. The provider reviewed a X and noted that there was X. The provider recommended X as the worker has X.

X of the X dated X revealed X. X noted. X could not be excluded. The X was X. The X was X. X of the X dated X showed X. There was some X noted. On X, X of the X demonstrated X. There were X.

Treatment to date included X.

Per utilization review adverse determination letter dated X, by X, the request for X was denied. Rationale: "Per ODG by MCG X, "Recommended as indicated below. ODG Indications for X -- X: X; OR X; Meets all of the following criteria: X; & X that has not responded to X (including X) for at least X, X; & X." In this case, the patient is a X who sustained an injury on X due to X. On the X dated exam, the patient had X. The X exam revealed X. X revealed X. However, the X provided did not evidence X and the patient is not X. Furthermore, X was not assessed. Therefore, this request would not be considered medically reasonable or necessary at this time. As such, the request is denied."

Per an appeal determination denial letter by X dated X, an appeal request was made for X at X as requested by X with X. Rationale:" The ODG by MCG states that X may be performed for those over the X when they have X and X. There should be evidence of X and X. The patient sustained X and had X; however, the patient was not X and the X did not reveal X. Additionally, X was not assessed to determine if X was present nor was there evidence of X. There are no exceptional factors to support extending treatment outside of guideline recommendations." Additionally, Physician Advisor had attempted a peer-to-peer telephone conversation with X on X and X. Callback information and due date were provided.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The request for X was reviewed. ODG supports X. The documentation provided indicates that the X an injury on X that resulted in X. A X of the X documented X. X documented X. The provider states that there is X. The worker has X. The provider recommended X. Given the X would be supported. X is necessary given the X. A X to provide X will lead to X and X. As such, X are supported as 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
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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)

