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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:

X

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who X. X stated X was a X. The diagnosis was X. On X, X was evaluated by X, MD for X. X reported that X. X was providing X. X had X. X had recommended that X. X had X. X could X. X was X. The X examination showed X. The X was X. The assessment was X. The X was X. Dr. X recommended X. X was made in X. A X report showed X. Further posteriorly, there was X noted. X of the X was seen. There was X seen. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X by X, MD. Rationale: "The claimant presented with X. The X report detailed X. The current X exam noted X. However, the current X exam did X. Without additional X." On X, a call was placed to Dr. X to discuss the case. X, Physician Assistant stated X. The PA stated X had X. The evaluations X. The fax number was provided for the additional records. Additional records were received and were reviewed. Per a reconsideration review adverse determination letter dated X, the request

for X was denied by X, MD. Rationale: “ODG provides criteria for X. X care is X. Earlier X may X. There must be X. There should X. X must X. There should be X. ODG notes that X. The planned procedure is X. There should X. There must X. There should X. In this case, the claimant reports X. Upon discussion, it is noted that the claimant X. The PA states the claimant had X. There is X. Documentation dated X notes that the claimant has X. X to X. In addition, the claimant X. Given these noted factors, the X. Recommendation is to X.”

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

According to the medical documentation submitted, the claimant has X. In addition, a X was performed on X. The guidelines X. Therefore, the request for 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 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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)