True Resolutions Inc.
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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 was injured on X. X originated after X. X had a X. The diagnoses were X. On X, X was seen by X, PA-C /X, MD for X. The chief complaint was X. X reported X. The ongoing X. There were X. X denied X. On examination, X was noted to be X. X examination showed X. The X showed X. The X. The X was X. Follow-up would be prior to the alarm date of X. The plan was to X. The assessment was X. The ongoing X. X was reviewed and compliant. X was X. X was seen in follow-up by X, FNP-C /X, MD on X. X suffered from X. X was diagnosed with an X. X had a X. X had a X. Subsequently, X had X. X had X. On examination, X was X. X was noted. The X was X. The X was X. The assessment was X. The ongoing X. A X was ordered. X were compliant. X was X. X was to X. Per a utilization review adverse determination letter dated X, the request for X as requested by Dr. X at X was X by

X, MD. Rationale: “Per the Official Disability Guidelines (ODG by X) "If treatment is X ." The patient is a X who sustained an injury on X. The patient was diagnosed with X. In this case, despite X. A further X. A successful peer-to-peer call with X, PA for X M.D. occurred. Per the peer conversation, it was clarified that the X. It was noted that the X. The provider noted that the patient’s X. Lacking evidence of X. Although X would be needed if there was a plan to begin X. As such, the request is X. Therefore, the requested X.” On X, Dr. X documented an appeal letter stating that X was under the care of X. X had been managed by X. X had also X. X needed to be X. If X was X. X were X. Per a reconsideration review adverse determination letter dated X, the appeal request for X; alarm date X, X date X at X as requested by Dr. X was denied by X, MD. Rationale: “The Official Disability Guidelines states that a X. The time between X. At a X. Given X presented X. In the clinical record submitted for review, there was documentation that the claimant was seen in clinic on X for an X. In an appeal at this request, the request was X. There was X. “Based on the submitted medical records, the an X. According to the medical documentation, the patient received a X. Therefore, there is X. Although X. Therefore, the requested X

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

Based on the submitted medical records, an X. According to the medical documentation, the patient received a X. Therefore, there is X. Although X. Therefore, the requested 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

☐ 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

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL