

True Resolutions Inc.
An Independent Review Organization
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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 reported X was a X. The diagnosis was X. On X, X was evaluated by X, MD for follow-up visit for X. X reported X performed at the prior visit. X had some X. X reported, X. X said X was having X. The X examination revealed X. X did have a X. The assessment was X. Dr. X recommended X. An X of the X dated X. X was identified. An X of the X dated X showed X. A X of X was noted in the X. X changes of X were noted within the X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "ODG by X (updated:X) "Diagnostic X." ODG by X(Updated:X) "X for X." ODG by X(Updated:X) "X. Planned procedure is X. Planned procedure is X. X documented on X(X). X or X of the X." The patient is a X who sustained an injury on X. The patient was diagnosed with X. The cited guidelines require X. Therefore, the request for X." Per a reconsideration review adverse determination letter dated X by X, MD, the request for X. Rationale: "The records

submitted for review X. The claimant reported X. The current X exam did note X. However, the X report X. Given these X.” The requested X procedure X. The records do X. There is a X. A X of the X dated X demonstrates X. There is a X. There are X. The X does X. In addition, there appears to X. In addition, the guidelines also X. The injury occurred on X. The guidelines have X. X

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

The requested X. The records do reflect X. There is a X. A X of the X dated X demonstrates X. There is a X. There are X. The X does X. In addition, there appears to X. In addition, the guidelines also demonstrate that X. The injury occurred on X. The guidelines have X. 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