Independent Resolutions Inc. An Independent Review Organization 835 E. Lamar Blvd. #394 Arlington, TX 76011 Phone: (682) 238-4977 Fax: (888) 299-0415 Email:@independentresolutions.com

## Notice of Independent Review Decision

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  $\chi$ 

## 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:

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

### PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was in X. The diagnosis was X,X. The X conditions were noted as X. On X, X was seen by X, MD for a follow-up visit. X presented with X. X was followed for work related X. X while at X. X sustained X. X reported X. X continued to complain of X. X was interested in X. X was X. X continued to do X. X remained with X. X felt X. X continued to see X. On examination, X was on X. The X showed the X. There was X. The X revealed X. The X evaluation showed X. A X of the X dated X showed X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "Regarding the request for X). A X. Based upon the medical documentation presently available for review, the above-noted reference X. The medical reports submitted did X. There is X. There was X. There was X. As such, the request for X". Regarding the request for X. ODG criteria includes X. Allow for X. Based upon the medical documentation presently available for review, the above-noted X. The medical reports submitted X. There is X. As such, the request for X." Regarding the request for X, "ODG indicated X. There is some evidence of X. Based upon the medical documentation presently available for review, the above-noted reference does X. X is considered an X. X request for X is X. As such, the request for X." Regarding the request for X, "ODG recommended on a X. An X may be required to X. Based upon the medical documentation presently available for review, the above-noted reference X. Beyond the initial period, the treating physician must X. There is X. Unable to X. As such, the request for X". Per a reconsideration review dated X by X, DO, the request for X. The rationale for X, "The Official Disability Guidelines state that X. There should be X. In the clinical record submitted for review, there was a X. The claimant had X. However, it appears that the claimant has X. X was needed. X examination findings revealed X had X. In addition, the request for authorization was for X. Therefore, the request for X. "Regarding X, "The Official Disability Guidelines state that X. X visits X. X should X. In the clinical record submitted for review, there was a X. There was documentation that X was X. Therefore, the request for X. ".Regarding the request for X, "The Official Disability Guidelines state that X. In the clinical record submitted for review, there was documentation that the claimant was X. The request was X. In addition, the request for X. Therefore, the request for X. ".Regarding the X, "The Official Disability Guidelines state that X. The level of X. The X would be X. For continued X. X can include X. In the clinical record submitted for review, there was documentation that X. However, there was a X. The injury was X. It was unclear if the claimant had A X. There was a X. In addition, there was a X. Therefore, the request for a X. "The request for X. The provided records X. Provider did document X. Given documented X. Given the documentation available, this portion of the service is considered X. Given patient is X. There is X. However, the requested X. X in combination with X. Given the documentation available, X. As the previous peer reviewers have stated, there is X. Patient would X. X provided by X. Given the documentation available, this portion of the requested service is X.

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

The request for X. The provided records X. Provider did document X. Given documented X. Given the documentation available, the request for X.

Given patient is X. There is X. However, the requested X. X for X combination with X.

As the previous peer reviewers have stated, there is X. Patient would X. X provided by X. Given the documentation available the requested 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

□ 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