

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 is a X who sustained an injury on X. X was working as X. X immediately X.
X suffered X. The diagnoses included X. X was seen by X, MD on X for X. X
reported that X. X stated that X had X. X mentioned "X have been X. X get
X." X had X. The pain was described as X. X was X. On examination, X had
X. X were X. X Patient X score was X. X had X. X had X. X had X. A letter by
X, PhD on X noted that the X. It was requested that the X. In another letter
dated X, Dr. X wrote regarding X. X had continuing X. X was successful
controlling X. In an appeal letter dated XX, PhD documented that "X have
attached X initial X of X on X, documenting the X. This report also confirms
that X. X has also been elevated X. This clinic helped X with X. This success
was X. Despite this X. X then made arrangements for X to be X. X has had a
X. X and X. Unfortunately, X was recently X. X have attached the letter X

wrote to X, Dr.X , explaining that a "X " is X. X have documented X: our clinic has worked to help X be X. X levels of X. X has now had X. X and X. A notable X. There were X. Given the X. "Treatment to date included X.Per Notice of Adverse Determination WC-Non-Network by X, MD on X, the request for X. Rationale: "Per Official Disability Guidelines, Recommended as an option for X. Not recommended for treatment of X. However, X continues to have X. X needs to continue X. However, there is X. Also, there is X. Therefore the request is X." "Per Official Disability Guidelines, "- X. (The provider should X.) - In cases of X." The patient has received X. However, X. X needs to X. However, there is X. Also, there is X. Therefore, the request is X. Per peer review by X, MD on X, the request for X. Rationale: "ODG X. In this case, the claimant was injured in a X. The claimant is diagnosed with X. The claimant has X. The provider notes that one of the goals of treatment is to X. The provider notes that X. However, these noted X. The claimant is X. The medical necessity of the X. Recommendation is X."X claim is related to an X. X has ongoing complaints of X. Request for X. ODG X. Further X. X has X. Notes provided information that X has become open to X. X completed but X. Improvements are X. The medical necessity of the proposed intervention is X.

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

X claim is related to an X. X has ongoing complaints of X. Request for X. Further session can be X. X has X. Notes provided information that X has X completed but X. Improvements are assessed to X. The medical necessity of the proposed 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