

True Resolutions Inc.  
An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #624  
Mansfield, TX 76063  
Phone: (512) 501-3856  
Fax: (888) 415-9586  
Email: @trueresolutionsiro.com

***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 was injured on X. X stated on X, X was X. The diagnosis was X. On X, X was evaluated by X, DO for a follow-up visit of X. X. X stated X. X rated X. The patient stated that X was X. The X showed X overall X. X was X. The X. The assessment was X. They advised X. They also recommended X. On X, X had a X. X had not X. X presented with X. X had X. X would X. An X dated X showed that the X. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X. Rationale: "The ODG conditionally recommend a X. An X may be indicated if the X. In this case, the X. The X has X. The indication for the X. Based on the available information,." Per a reconsideration review dated X by X, MD, the request for X. Rationale: "Official Disability Guidelines (ODG) support proceeding with a X. This claimant has X. A, stated in the previous review, there has been X. Accordingly, they are X. This request for X. Recommended X." Based on the medical documentation, the

patient is X. The records reflect a X. The records reflect that the patient is X. Thus, the patient is 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 medical documentation, the patient is X. The records reflect a X. The records reflect that the patient is X. Thus, the patient is 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