

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 was injured on X. X had a X. X was X, and X then X. The diagnosis was X. X had a X by X, X on X for X. Examination showed X was X. There was X. There was X was noted. regarding X, X was presently experiencing X. Regarding participation X, X was X. X was currently X. Treatment X. On X, X indicated X. X was working with X. X remained about X. X performed X. X felt that X. After the X, X experienced X. Examination showed X. X was to be continued. The office notes were X. On X, X was seen by X, NP /X, MD for X. X was X. Pain was rated X. X continued with X. X stated X. With regard to X, X stated the overall symptoms had X. X had X. X remained X. X remained the X. Examination showed X was X and X. X was X. X was X; however, it was improved. X was also X. The X included X. X was recommended to X. The office note was X. Treatment to date included X. Per a peer review report dated X and a utilization review adverse determination letter

dated X, the request for X by X MD as X. Rationale: “The history and documentation X. The ODG X. The claimant has X. There is X. The X. Therefore, the request for X. “Per a peer review report and a utilization review adverse determination letter dated X, the request for X was X, MD. Rationale: “The submitted medicals show that this patient has X. The patient remains with X. It appears that this patient's response to X. There were X. Going forward the X. Given this patient's X. Therefore, the request for X: X. “Thoroughly reviewed previous records X. X with X. The requested X

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

Thoroughly reviewed X. X with X. 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