

**Independent Resolutions Inc.**  
***Notice of Independent Review Decision***

Case Number: X

Date of Notice: X

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**Independent Resolutions Inc.**  
**An Independent Review Organization**  
**835 E. Lamar Blvd. #394**  
**Arlington, TX 76011**  
**Phone: (682) 238-4977**  
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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: X**

**IRO CASE #: X**

**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:

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- Overturned      Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                  Agree

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X was X. X noted increased pain with range of motion (ROM) and abrasions at the site. X rested after the incident but was able to work X shift X. On X return to X, it was noted that X had worsening ecchymoses at the site. The diagnoses were contusion of coccyx, subsequent encounter (S30.0XXD); and lumbar contusion, subsequent encounter.

On X, X visited X, MD, for work-related injury on X, when X. X reported the pain was located at X. The pain was described as sharp, aching, better with lying down and medication, and worse with sitting. It was constant. X had done X. X had done a X. X

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denied bowel or bladder incontinence and denied saddle anesthesia. X had been using a cushion when seated to help alleviate the pain. On examination, blood pressure was 113/84 mmHg, weight was 135 pounds and body mass index (BMI) was 21.14 kg/m<sup>2</sup>. X was well appearing and well nourished. X was in mild distress. Head was normocephalic and atraumatic. Pupils were equal, round, and reactive to light and cornea was clear. Extraocular movements were intact. No erythema or edema of the external ears or nose was noted. Hearing was grossly normal. Examination of the lungs revealed no increased work of breathing or signs of respiratory distress noted. All lung fields were clear to auscultation bilaterally. Cardiovascular examination revealed normal rate and rhythm; normal X, without gallops or rub. Extremities were warm with no edema. Musculoskeletal examination revealed normal gait. There was no tenderness or swelling of extremities. Range of motion was within normal limits. Normal muscle strength and tone was noted. Lumbosacral spine showed full range of motion with some sacral/coccyx pain at end range of motion. Pain was noted with sitting. Sensation was intact to light touch in all dermatomes tested. The muscles tested displayed no weakness. No muscle atrophy was present. The straight leg raise test was normal bilaterally. There was normal extensor hallucis longus (EHL) strength on the right, normal heel/toe gait, normal reflexes, also normal EHL strength on the left and no spasms. The upper and lower extremity

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reflexes were symmetric bilaterally. There was normal finger to nose and negative Romberg noted. Gait evaluation demonstrated a normal gait, full weight bearing. There was no ataxia and no shuffling. The treatment plan was to proceed with X.

X-rays of sacrum/coccyx dated X revealed X. There was X. X-rays of the lumbar spine dated X revealed no X. X was noted at the X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X and a peer review report by X, DO, dated X, the request for X was denied. Rationale: "The request is not medically necessary. X is not recommended, since there is no high-quality evidence (with long-term outcomes) supporting this treatment. In this case, the claimant was seen X. Treatment had included X. On examination HEENT exam was unremarkable, there was near full range of motion of the lumbar spine with pain and range of motion, normal strength, normal motor tone, normal sensation, no atrophy, negative SLR, and no spasm. Despite the claimant's subjective complaints, detailed objective exam was relatively benign and X are not supported as there were no high-quality evidence (with long-term outcomes) supporting this treatment. Therefore, non-certify X. Therefore, the request is not medically

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necessary.”

Per a reconsideration review adverse determination letter dated X and a peer review report dated X by X, MD, the appeal request for X was denied. Rationale: “The request is not medically necessary. In this case, X is not indicated for a contusion. The request is not supported by the guidelines. Therefore, the request for STAT APPEAL X is not medically necessary.”

Thoroughly reviewed provided records including provider notes, imaging results, and peer reviews.

Patient with symptoms of coccygodyna that have continued despite conservative treatment. While there are no corresponding imaging findings or major objective findings, a X. While guidelines do not support the request, as this is a somewhat still investigational treatment, X. Thus, request is warranted as variance to cited guidelines. X is medically necessary and certified

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

Thoroughly reviewed provided records including provider notes, imaging results, and peer reviews.

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Overtured

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE