Applied Assessments LLC

Notice of Independent Review Decision

Case Number: Date of Notice: 8/9/2019 8:42:38 AM CST

Applied Assessments LLC
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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • Clinical Records –X
• Adverse Determination Letters –X
• Peer Review Report –X
• Texas Workers' Compensation Work Status Report –X
• Prospective IRO Review Response –X
• Diagnostic Reports –X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X reported X. X was seen by X, MD on X. X presented for X ongoing symptoms including X pain. The pain X somewhat, but not all the way down into X. X continued to have pain despite medications. X was working full duty. On examination, there was decreased X and X had point tenderness of the X. X also had X. Dr. X opined that X was a candidate for X. X had a quite history of X as far as X were concerned and would require X. On X, the claimant presented for a follow-up. X had received denial of diagnostic X. The physical examination remained unchanged. On X, X physical examination remained unchanged. Of note, X had a history of X in the prior time, but X had documentation from the X that X had never X complaints in the prior time. An MRI of the X dated X showed a X, no X, no X level. At the X level, X had a X, X, deforming the X. Coupled with X changes, there was minor to mild central X. The treatment to date included medications (X), over-the-counter X, X and X. Per a utilization review and peer review dated X, the request for X / X was non-certified by X, MD. Rationale: "The claimant has continued pain in the X. According to the guidelines, use of a diagnostic X is recommended if it is to be utilized prior to X which was documented in the medical records provided for

review. There must also be evidence of X pain that is X and there must be documentation of failure of X treatment of at least X. While there was documentation to support failure of X treatment to include X and X, there were subjective complaints of pain that was X into the X and is consistent with symptoms of X pain which does not meet the recommended treatment guidelines. The request for a X is not certified." Per a utilization review dated X, the prior denial was X by X, DO. Rationale: "The Official Disability Guidelines state that X should be limited to patients with X pain that is X and at no more than X. Patients should fail to respond to X management, and clinical presentation should be consistent with X. In this case, the requested X was previously denied as the patient reported X characteristics of pain, and guidelines do not X for X pain. Although the request was submitted for an appeal, the updated clinical note from X did not discuss a clearer presentation of X pain, or any additional findings to support X the initial determination. Given guideline recommendations for treatment, and minimal findings of X of pain, the request is not supported."

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

As noted in previous physician review, X are recommended as a diagnostic procedure for patients with a clinical presentation suggesting X pain, characterized as X pain without X and worsened with X. The clinical presentation in this case is that of X pain; the medical record does not provide a rationale to clearly support the probability of X pain in this setting. Moreover, the medical records suggest that this patient would require X for this procedure. The treatment guidelines express concern that the accuracy of X may be impacted by X.

Given the documentation available, the requested service(s) is considered not medically necessary and the decision is X.

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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

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL