

# Applied Resolutions LLC

## *Notice of Independent Review Decision*

Case Number

Date of Notice: 7/23/2019 and Amended 8/2/2019

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### Applied Resolutions LLC

An Independent Review Organization

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#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:** • Clinical Records –X

- Utilization Review Decision Letter –X
- Adverse Determination Letter –X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. X X and developed X pain. On X, X was seen by X, MD. X had some relief from X pain via a combination of the X and X. X had been going to work and had some trouble with X and the increase of the X could directly be attributed to the denials from workman's compensation. The pain was rated at X. X continued to have X pain XX also had a X, X pain. On examination, there was X to the X area X on palpation. X test was not possible due to pain. Dr. X recommended a trial of X as X was running out to maintain X daily life. The treatment to date included medications (X), X. Per a utilization review decision letter dated X, the request for trial of X test with the removal of trial X was denied by X, MD. Rationale: "Based on the clinical information provided, the request for a trial of X test with the removal of trial X is not recommended as medically necessary. There was documentation on the operative report that implantation of the device was not obtainable due to excessive X from the prior system at the X level. XX evaluation dated X indicates that the patient has had prior X. The X were beneficial, but X had X. Attempts to revise the X was compromised by X. The device was removed. It is unclear what significant benefit is expected when prior X had to be removed due to X. Therefore, medical necessity is not established in accordance with current

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evidence-based guidelines.” In an addendum, Dr. X documented that, “I spoke to Dr. X at X. While the XX evaluation does state that the patient is X, there is evidence of X where the provider wants to place another X. Thus, it does not appear that the patient is X using this X technique. There is a high probability of X in an area that will provide relief to the patient’s pain. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.” Per an adverse determination letter dated X, the prior denial was X by X, MD. Rationale: “Given the current clinical data, the request for a trial of X test with the X is noncertified. The submitted clinical records indicate that the patient is status X. The patient’s were noted to be beneficial, but X had X. Attempts to revise the X was compromised by significant X. The device was subsequently removed. There is no clear rationale provided to support an additional X at this time for this patient who has had previous X. Recommend non-certification.”

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

The Official Disability Guidelines discusses indications for X, including that “there are no contraindications to a trial.” As noted in multiple prior physician reviews, this patient has undergone prior X, with complications noted due to X. The medical records do not address this issue and does not provide a rationale as to why the outcome would be expected to be different from the current setting. Given the documentation available, the requested service(s) is considered not medically necessary and the decision is X.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

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ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES