

Applied Resolutions LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 8/15/2019 3:10:39 PM CST

Applied Resolutions LLC

An Independent Review Organization

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

- Designated Doctor Examination –X
- Report of Medical Evaluation –X
- Utilization Reviews –X
- Diagnostic Data Report –X

PATIENT CLINICAL HISTORY [SUMMARY]: X with a date of injury X. X had a XX XX accident that occurred on X, where X was the X. At the time of impact, X X. On X, X was evaluated by X, MD for the complaint of X pain. The pain X into the X. X also had X pain. An MRI of the X was positive for X. X was able to X. The pain was rated as X and was described as X. The X pain was described as X. On examination, X was noted in the X. X was poor and was disturbed frequently by pain. X mood was X. The X showed X. X was noted on the X levels. The X examination showed X. Deep X in the X. X was positive on the X. X were noted in the X. On X, X continued to have X pain. Per the Designated Doctor Examination dated X, X, DC stated that X had reached clinical maximum medical improvement on X. The amount of permanent impairment was X. An MRI of the X dated X revealed extensive X. Extensive X was noted from the X level. An MRI of the X showed multilevel X noted with severe X with X on the X. Marked X was noted from X. Treatment to date consisted of multiple sessions of X (minimal or no help). Per a utilization review determination letter dated X, the request for X levels X was non-certified. It was determined that the Official Disability Guidelines (ODG) X Chapter states,

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"Recommended prior to X (a procedure that is considered "under study")." The criteria states, "Clinical presentation should be consistent with X pain, signs & symptoms." In X case, X had X. On objective examination, X was decreased, and there was X. There was no X examination. Due to incomplete examination and lack of examination findings consistent with X pain, signs and symptoms, medical necessity was not established. Regarding the request for diagnostic X, the Official Disability Guidelines indications for diagnostic X included: "To determine the level of X pain, in cases where diagnostic imaging is ambiguous, including the examples below: To help to evaluate a X pain generator when physical signs and symptoms differ from that found on imaging studies. In the case, there was MRI of X that was positive for X. It was not clear why diagnostic X (X) was requested. Additional information would be required to determine medical necessity. As presented, medical necessity was not established. Recommend non-certification." A letter dated X indicated that the reconsideration request was denied. Rationale: "The official disability guidelines recommend diagnostic X for patients with X pain that is X no more than two levels after failing conservative treatment. The recent examination noted X. The letter of appeal noted that the procedures will be performed on different dates of service. However, as the concurrent request for a diagnostic X was found not medically necessary, the concurrent request for the X levels X of the X. CPT- X is also non-certified. The official disability guidelines recommend diagnostic X to determine the level of X pain in cases where diagnostic imaging is ambiguous. The treatment plan included a diagnostic X. However, the rationale for the request was not clearly indicated. As noted in the prior determination, the MRI had confirmed extensive X. There was no indication that recent imaging studies were inconclusive to support the request. Therefore, the request for diagnostic X is non-certified."

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

The Official Disability Guidelines recommend a X in situations when there are symptoms, exam findings, and diagnostic studies suggesting a X. This guideline does not generally recommend an X for X as in this case. Therefore, the X is not

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medically necessary. Regarding a X, Texas does not allow modification of a request, thus as noted in a prior review, since this is a concurrent request for two separate X the overall request is not medically necessary. That said, the medical records do not clearly document a history and physical examination isolating the symptoms to the X.

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

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

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- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL