

Applied Assessments LLC
Notice of Independent Review Decision

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PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury X. The biomechanics of injury was not available in the records. X was diagnosed with X. An undated Letter of Medical Necessity was written by X, MD. X had a X. There were times when the pain could exacerbate based on the activity. The X. If X had a X, then X might report no changes. If X had an exacerbation, then it was usually temporary. X had for the most part been off X. To X was both unwise and unwarranted. It would in effect X and cause X to be on X that would pose X a threat. It was medically necessary to X, if X reported that X pain had not improved over the X. If X pain was chronically out of control, then the X. X on a temporary basis was also of sound medical decision making. On X, X was evaluated by X, MD / X, FNP-C for X. X had chronic pain in X. X described a recent greater X pain that was controlled well by the X. X noted that increased X. The pain was rated X. The pain worsened by X. The neurological examination showed an X. The X and there was X at the X. X test was X. Treatment to date consisted of medications X. Per the utilization review adverse determination letter dated X by X, MD, the request for reconsideration of X was denied. It was determined that X had a X. However, the evaluation dated X noted that X recent pain was not covered by the X. X reported X. Without any indication that X ongoing X had been effective for X in terms of pain relief and functional improvement, Dr. X would not recommend certification for the request. While the requested medication did not meet medical necessity based on information presented, it was expected that the ordering provider would follow the recommended medication guidelines for safe discontinuation. Abrupt discontinuation of an X. Per the utilization review reconsideration letter dated X, X, MD non-certified the request for X. Rationale: The previous non-certification was supported. Additional records included a letter of medical necessity from the

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requesting provider on X, documenting that X had a X. The pain was at times exacerbated based on X activity. X had been X as a result of the X. The clinician felt X was unwise and unwarranted. X reported X. It was not indicated the ongoing X had been effective for X in terms of pain relief and functional improvement. A X would not be supported by the guidelines. Therefore, the request for reconsideration of a X was not certified.

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

As noted in a prior physician review, the medical records in this case are those of a patient with a history of an X noted in recent medical records. The medical records suggest a plan for escalation of X given that apparently limited benefit has been reported from an X. The medical records do not provide additional information to address these prior concerns.

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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