

Applied Assessments LLC
Notice of Independent Review Decision

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PATIENT CLINICAL HISTORY [SUMMARY]:

X who had sustained an injury on X. The mechanism of the injury was not available in the records. The diagnoses were X. X was seen by X, MD on X with a complaint of X. There was also a complaint of pain at the X. X had been having pain throughout X. Comorbidities for this claimant include X. Body mass index (BMI) was X. Physical examination of the X. There were findings of X. There was X. X was present. X with X. The X. X was intact and distal pulses were good. An MRI of the X dated X revealed X. There was X. There was a X. There was also X. Previous treatment has also included X. Treatment to date included medications (X); X performed on X; a X provided on X due to persistent pain X. On X, the initial request for X was considered not necessary. Rationale: "After speaking with X, MA and designee, X stated the patient is still having X. There is X. The patient is not able to X, it was stated. The plan is for the X. The patient had a X. Mechanism of injury was X. The patient didn't have a X. The patient had X. Pain progressively got worse. The patient is also complaining of X it was stated. There is X based on physical exam on X note, it was stated. The patient does not fully meet the criteria per ODG guidelines. The patient symptoms do not meet the level required of the recommended surgery. It is not clear if the patient has totally exhausted all X. It is unclear if patient has attempted X to this area. Due to the long-standing nature of the patient's complaints, X may also be a consideration prior to anything in the way of further invasive procedures. Therefore, all of the above requests are not supported." Per a Utilization Review dated X, the request for X, X was non-certified. Rationale: "It does not appear that this claimant has tried and failed all available X. Specifically, there has been no mention of any X. It is also unclear why X is requested without any pain in this region, or why X is needed without any X identified. For these reasons, this request for Reconsideration for a X is not

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medically necessary.”

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

The ODG supports a X. The ODG supports and X. The ODG indicates that the X. The ODG supports the X. Based on the clinical documentation provided, the injured worker has been diagnosed with X. They have had persistent X. They have also completed a X. On examination, there is an X. The X is documented to be tight. The MRI of the X from X demonstrates an X. It is specifically noted that there are no X. While it appears that the injured worker has persistent pain despite many X, there are X. Additionally, there are insufficient imaging findings documented to support the request for an X.

Based on the ODG recommendations and available information, a X is not medically necessary, and the request is upheld.

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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
- TMF SCREENING CRITERIA MANUAL