

Applied Assessments LLC
Notice of Independent Review Decision

Case Number:

Date of Notice: 6/24/2019 9:48:41 AM CST

Applied Assessments LLC
An Independent Review Organization
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IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Overturned Disagree
- Partially Overturned Agree in part/Disagree in part
- Upheld Agree

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

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- Independent Evaluation –X
- Report of Medical Evaluation –X
- Diagnostic Data –X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X-year-old X who was diagnosed with X. X sustained X while X. X noted X pain with extension of pain through the X. X recently had an injury on X when X was at X. On X, X was evaluated by X, MD for complaints of X pain. The pain radiated to the X. The intensity was X. Associated symptoms included X. The pain was described as X. The pain was better with X and worsened with X. Examination showed an X. There was X noted. The X was limited with X. X was positive on the X at X degrees. X with X. An MRI of the X dated X showed X and at X with X. X-rays of X dated X showed X, moderate at X and most severe at X. Treatment to date included medications (X).

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

The Official Disability Guidelines discusses MRI imaging to the X Repeat MRI imaging is not routinely recommended except in situations where there is a significant change in symptoms and/or findings suggestive of significant. The medical records at this time do not clearly document such a significant change in the clinical presentation or examination or differential diagnosis. A rationale or indication for a repeat MRI in this setting is not apparent.

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