

**Applied Independent Review
An Independent Review Organization**

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Information Provided to the IRO for Review:

Physical Therapy Note - X

Clinical Records - X

Utilization Reviews - X

Diagnostic Data Reports - X

Patient Clinical History (Summary)

X is a X who sustained an injury on X. While working on a X, X pain in the X. The diagnoses included degeneration of X.

X visited X, MD on X. X complained of X pain and X pain. The X pain continued from X. The pain was worse with X. Both X were painful. It was rated at X. A X MRI was reviewed and showed X, and relatively good preservation of the X with only mild X Dr. XX recommended X.

X was evaluated by X, MD on X for X pain. The pain was described as X. The symptoms were aggravated by X. They were relieved with pain X. On examination, X had X and X area. X.

Applied Independent Review
Notice of Independent Review Decision

Case Number: XX
07/10/2019

Date of Notice:

An MRI of the X dated X showed multilevel X, most notable at X with mild X. X-rays of the X dated X revealed a normal X.

The treatment to date included medications (X), X, X), and X).

Per a Utilization Review Decision letter dated X, the request for X with X was denied by X, MD. Rationale: “Regarding the request for X), the ODG X Chapter notes “The purpose of X) is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, the reduction of medication use and the avoidance of surgery, but this treatment alone offers no significant long-term, functional benefit.” The criteria include that “X(X) must be documented. Objective findings on examination need to be present. X must be corroborated by imaging studies and / or electrodiagnostic testing.” In this case, the claimant had a X MRI without evidence of X. Electrodiagnostic studies indicating X no generalized X is present, and no specific X identified. The objective examination showed X. The patient does not have evidence of X. Medical necessity is not clearly established. Recommend non-certification for X-outpatient.”

Per an Adverse Determination letter dated X, the prior denial was X by X, MD. Rationale: “Regarding X, ODG states that X (due to X, but not X) must be well-documented, along with objective X). This is an appeal to a previously-denied request. The prior review denied this request due to lack of MRI evidence of X, EMG showing X on examination. The claimant had pain in the X. MRI showed at X, a shallow X, and mild X. However, there is a lack of X in a specific X distribution. In addition, there is no evidence of objective. The examination was normal. Furthermore. X normal. There is also no evidence of fear or anxiety of needles or any condition that would necessitate sedation. Recommend non-certification.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for X, X, of diagnostic or X Procedures of the X) Sedation is not recommended as medically necessary, and the previous denials are X. There is insufficient information to support a change in determination, and the previous non-certification is X. The Official Disability Guidelines require documentation of X by imaging studies and/or electrodiagnostic results. The submitted X MRI fails to document significant. EMG/NCV notes there is X. The patient's physical examination fails to establish the presence of active X, intact strength, reflexes and sensation. Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is X.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual

Peer Reviewed Nationally Accepted Medical **Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)