

# Applied Resolutions LLC

## *Notice of Independent Review Decision*

Case Number:

Date of Notice: 6/17/2019 3:55:27 PM CST

---

### Applied Resolutions LLC

An Independent Review Organization

900 N. Walnut Creek Suite 100 PMB 290

Mansfield, TX 76063

Phone: (817) 405-3524

Fax: (888) 567-5355

Email: [justin@appliedresolutionstx.com](mailto:justin@appliedresolutionstx.com)

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:** Diagnostic Reports –X

- Designated Doctor Examination –X
- Report of Medical Evaluation –X
- Clinical Records –X
- EMG and NCV Report –X
- Adverse Determination – Utilization Review –X
- Texas Workers' Compensation Work Status Report –X
- Utilization Review Peer Reviewers Response –X
- Appeal / Reconsideration Determination – Utilization Review –X

**PATIENT CLINICAL HISTORY [SUMMARY]:** X is a X-year old X who sustained an injury on X. X was hurt at work while X. X went to release it when it pulled X X the X, X was diagnosed with X, X, failure non-operative treatment, status X, and X pain and advanced disruption at the X X presented to X, MD on X. X was status post X. The examination revealed a X. The (X), and X reflexes were X and X. They were X is (X). X sign revealed a score of X. The assessment included X treatment; status post-X; and post-operative pain and advanced disruption at X form X. A X dated X showed moderate anterior defects at X ; mild degenerative X . There was facet X. A CT X showed a X, which mildly impinges on the X, and the X were patent. There was a X, which mildly impinged on the thecal X the X. At the X level, there was X which impinged on the X and anterior surface of the X, the X. The X documented , X pain. X-rays of the X dated X showed intact X, with adjacent X with anterior X and X. X-rays of the X revealed intact healed X, intact X, and severe X treatment to

# Applied Resolutions LLC

## *Notice of Independent Review Decision*

Case Number:

Date of Notice: 6/17/2019 3:55:27 PM CST

---

date included medications (X. In an appeal letter dated X, Dr. X documented the necessity of the requested procedure. X was status post X). The postsurgical x-rays dated X revealed X. At the same time, X was noted with X. X did not have any improvement and continued to present with X and the X pain with continuous X after X sustained a X. X experienced failure of nonoperative treatment. The electromyography (EMG) and MRI correlate with injections indicated that the pain generator at the X and X level. At the time, X would not have any further X because the prior X did not help. X was also presenting with a severe X that supposed there was likely a X. X did not want to proceed with X therapy due to severe pain. If X would move X more than X degrees in any plane, X would get a jolt of pain in X that was X. X continued to have problems with activities of daily living (ADLs). Per a utilization review peer reviewers response dated X, the request for X was denied by X, MD. Rationale: "The claimant presents with X pain after X sustained a X. The claimant is status post X performed on X by Dr. X. The claimant has trialed an unknown amount of X medications. There is mention of possible injections but no indication if those were performed. Imaging showed no signs of instability along with no signs X. A dated study showed a X and the X. On examination, there was near full strength of the corresponding X with full sensation. With all this, it would be difficult to recommend surgery at this time in light of the physical examination findings of no sensory disturbances. Furthermore, there is no indications as to how long physical therapy was carried out for. With regards to the X, there is no indication seen on the X. I recommend non-certification of the request for X, X". The request for X was denied with the following rationale: "Due to non-certification of the request of the above procedure, I recommend non-certification of the request for X". In regard to X, the rationale was documented as follows, "not recommended for routine, X except with X pain after ruling out other causes of pain such as X. Not recommended solely to protect against X. Although X is commonly performed, it should not be considered a routine procedure." Per an adverse determination letter / utilization review peer reviewers response dated X, the request for X was denied by X, MD. "The patient is a X-year-old individual who sustained an injury on X. The patient was diagnosed with X treatment, status post-X, and

# Applied Resolutions LLC

## *Notice of Independent Review Decision*

Case Number:

Date of Notice: 6/17/2019 3:55:27 PM CST

---

postoperative pain and advanced disruption at the X, therefore compensable. The request was denied on X as it was noted that the patient presented with X pain after the patient sustained a X injury to the X. The patient was status post X by Dr. X. The patient had trialed an unknown amount X. There was mention of possible injections but no indication if those were performed. The imaging showed no signs of instability along with no signs of X. A dated study showed a X. On examination, there was near a full strength of the corresponding X. With all this, it would be difficult to recommend surgery at this time in light of the physical examination findings of no sensory disturbances. Furthermore, there were no indications as to how long physical therapy was carried out for. With regard to the X, there was no indication seen on the imaging X. The reviewer recommended non-certification of the request for X. A successful peer-to-peer call with X, MD was made at X. During the peer conversation with Dr. X, the case was discussed in detail with regard to the provided medical records, guidelines, and request. Dr. X indicated the patient's previous X was requested for both X but the X level denied and surgery performed at only X. The patient was ultimately not improved by the surgery at X and the additional X level is now requested. There have been no current imaging studies, CT X or MRI, since X, therefore, there is no current documentation of significant disease at X that could warrant surgery at this level. The necessity of appropriate X for X is supported by ODG guidelines. Therefore, the requested X is not medically necessary and non-certified."

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

The claimant has a history of X. While previous imaging studies did note X, these studies are years old and out of date. There were no recent evaluations of the claimant submitted for review. The most recent records were from X. Without any updated records or imaging to support the surgical request, it is this reviewer's opinion that medical necessity is not established.

Therefore, the request is not medically necessary and upheld.

# Applied Resolutions LLC

## *Notice of Independent Review Decision*

Case Number:

Date of Notice: 6/17/2019 3:55:27 PM CST

---

### **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

ODG 2019