

***Applied Independent Review  
An Independent Review Organization***

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***Patient Clinical History (Summary)***

X who was injured on X. X. This resulted in injuries to the X.

X underwent psychotherapy sessions on X.

X was seen by X, PA on X for a follow-up of the on-the-job injury due to X. X continued to see Dr. X for pain management and taking X and X for pain. X also received X. Recently, Dr. X suggested X to benefit X. A referral was submitted; however, it was denied by X. X would like to appeal the decision. X stated X helped with X after injury; however, needed more help. On examination, X. X was X. There was generalized X. X. Neurologically, X had X. X had X and was limited by pain. X was X well with X. X examination was normal.

Treatment to date consisted of medications X.

***Applied Independent Review***  
***Notice of Independent Review Decision***

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Per a peer review dated X by X, MD, the request for X was not medically necessary. Rationale: X was X. There were no provider notes available and limited information on the specific history such as treatment and dates. X subjective findings included a X. There were no objective findings provided and work status was unknown. The efficacy of therapy was also not provided. Due to a lack of documentation to support the request, the notes provided did not reflect X. The ODG 2019 medical treatment guidelines noted that sufficient information should be provided to support the requested treatment. As such, the request was not supported. Therefore, the request for X was not medically necessary.

On X, a utilization review indicated that the request for X was not certified. The review was based on the guidelines which were developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies, and guidelines from prominent national bodies and institutions.

Per a peer review dated X by X, MD, the request for X was not medically necessary. This request was for appeal. Rationale: X sustained an injury on X with prior treatment including X. On X, X was X. Review of systems noted X related to the accident and X. X showed no evidence of X, X. X status was noted to be X. X was noted to be taking X, but otherwise limited details were provided regarding X psychiatric condition or response to X. Details regarding specific X had not been provided. This information was necessary for consideration of X. Therefore, based on the documentation provided and current guideline, the requested appeal of X did not meet criteria of medical necessity and was non-certified.

On X, a utilization review indicated that the appeal request for X was upheld. The review was based on the guidelines which were developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies, and guidelines from prominent national bodies and institutions.

***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 is not recommended as medically necessary, and the previous denials are upheld. On X, a utilization review indicated that the request for X was not certified. The review was based on the guidelines which were developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies, and guidelines from prominent national bodies and institutions. Per a peer review dated X by X, MD, the request for X was not medically necessary. This request was for appeal. Rationale: X sustained an injury on X

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***Case Number***

***Date of Notice:***

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with prior treatment including X. On X, X was X. Review of systems noted X. X showed no evidence of X.

X status was noted to be X. X was noted to be taking X, but otherwise limited details were provided regarding X. Details regarding specific X had not been provided. This information was necessary for consideration of further X. Therefore, based on the documentation provided and current guideline, the requested appeal of X did not meet criteria of medical necessity and was non-certified. On X, a utilization review indicated that the appeal request for X was upheld. The review was based on the guidelines which were developed from acceptable standards of practice as recommended by medical specialty societies, the latest evidence from published research, federal agencies, and guidelines from prominent national bodies and institutions. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records indicate that the patient has completed X. Guidelines would support X only if progress is being made. The submitted clinical records fail to establish ongoing significant and sustained improvement with therapy. There are no updated X testing measures submitted for review. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

***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 TMF

Screening Criteria Manual

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

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