

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

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Patient Clinical History (Summary)

X who was injured on X. The diagnosis was X.

Per an office visit by X, PA dated X, X was seen for X. X reported that X symptoms began in X. X had X, the most recent one in X. Following the X, X had return of X. X was found to have X. X was aggravated by X. On examination, X had X.

On X, X was evaluated by X, MD for X. X began to X. X seemed to have a X. It would be done with X.

A X on X showed X. X appeared well-maintained. There was X. A CT X myelogram on X demonstrated X. An MRI of the X dated X.

The treatment to date included medications X.

Per an Adverse Determination Letter dated X, the request for X was noncertified. Rationale: “The claimant has continued pain in the X. According to the guidelines, X can be recommended when there is evidence of X. There was an x-ray provided for review that did reveal a X. The claimant was noted to have suffered from X. It was noted the X has become X and there was evidence of X. The updated CT scan was not made available for review to support the medical necessity of the request.”

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Per an Appeal Determination Denial letter dated X, the request for X was noncertified. Rationale: “This case was previously denied on X due to the updated CT scan not being provided for review. Official Disability Guidelines recommends X for limited cases when there is evidence of exposed X. Additionally, guidelines state that X is recommended as an option for specific conditions when there is evidence of ongoing symptoms, corroborated by physical findings and imaging, as well as X. Guidelines do not recommend the use of X due to lack of clear evidence indicating improved outcomes. The documentation provided indicated that the patient had a return of X. A X x-ray from X detailed a X. However, the CT X provided for review detailed that the X were present and that there was no X. It was stated that there were some X. Additionally, the MRI of the X did not indicate X. Furthermore, there was no recent documentation indicating instability throughout the X. There are no exceptional factors to support extending treatment outside of guideline recommendations.”

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

The claimant had been recommended for a revision of the previous X due to a reported non-union at this level. However, in review of the X CT myelogram study, the imaging report specifically found no evidence of X. There was no indication of any X that would support proceeding with a X. Given the documentation available, the requested service(s) is considered not medically necessary and the decision 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-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)