

Applied Assessments
Notice of Independent Review Decision

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PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X. X was diagnosed with X. On X, X was evaluated by X, MD for pain in the X. The pain was X. The pain was X. X had taken some X which helped some. X examination showed X. An MRI was reviewed, and findings were discussed with X. The plan was to proceed with X to include X. An MRI of the X was performed on X. No X were visible, and the appearance was X. There was X. There was X. X were identified. Treatment to date included medications X. On X, per notification of adverse determination, the request for X was non-certified. Rationale: "Per evidence-based guidelines, X is recommended for patients with significant subjective complaints and objective findings corroborated by imaging reports and after exhaustion of conservative care. X is recommended for X in younger patients. It is not recommended for X. In this case, the patient complained of X. The MRI of the X were visible, and the appearance was X. There was X. The patient had X. The examination of the X. There was X noted at the X. The patient's X. The patient was positive for X. There was X. There were X. The patient had a X. There was X. X were intact and the X were absent. The X was intact to X. A request for X was made; however, subjective complaints and objective findings presented in the recent report are insufficient to fully substantiate the need for the X requested. Moreover, the patient's Body Mass Index (BMI) of the patient was not documented. The guideline stated that X also suggests poorer outcomes. In addition, X available prior to X was not established. Exceptional factors were not identified as well." Per Notification of Reconsideration Adverse Determination dated X, the appeal for X was non-certified. "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X

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is indicated for patients with pertinent subjective complaints and objective findings corroborated by imaging after conservative care. In this case, the patient complained of X pain with X. X examination showed X was, X. The MRI showed X. Although, this presented information from the imaging, subjective, and objective findings could be a good candidate for the requested X, given the age of the injury, adequate compliance, exhaustion, and failure from indicated conservative treatments supported by objective outcomes were not fully established to fully justify the need for the surgical intervention. The provision of at least X months X is not yet completed. Exceptional factors were not determined. Clarification is needed the request and how it might change the treatment recommendations as well as the patient's clinical outcomes.”

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

The ODG recommends X when there are at X on physical examination, confirmation of a X on MRI, and a X. When there is a X in the presence of X, the ODG recommends a trial of X months of X. The provided documentation indicates the injured worker had persistent X. There are physical examination findings of X. An MRI revealed X. While there has not been X months of X based on the documentation provided, when noting X made symptoms worse, symptoms do not improve with X, and there are mechanical symptoms including X, it is highly unlikely that X would provide any substantial benefit. Given the X despite appropriate X is medically necessary. Recommendation is to overturn the prior denials.

Given the documentation available, the requested service(s) is considered medically necessary.

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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