

Applied Resolutions LLC
Notice of Independent Review Decision

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

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury to X. X reported that X was initially X but developed into pain. X was diagnosed with X. X presented to X, MD on X with continued complaints of X. X relieved the pain. X was physically unable to work due to the X. Examination of the X. There was no X. X sign was positive in the X. The X was X in the X. X did not have difficulty X. The X were intact. There were X. There were no visible areas of X. There was no X. X was balanced. X was diagnosed with X. It was noted that X had a diagnosis of X and would need clearance from a general practitioner prior to X. Dr. X recommended a X. X-rays of the X dated X was unremarkable. MRI of the X dated X showed X. According to the Utilization Review, Peer Reviewer's Response dated X, the request for X was denied by X, MD. Rationale: "ODG-TWC states that X are indicated when X (due to X) is well documented, along with objective neurological findings on physical examination. X must be corroborated by imaging studies and / or electrodiagnostic testing, unless X are all present. X additionally requires significant recent symptom worsening associated with clearly documented deterioration of neurologic findings. In addition, the pain should initially be unresponsive to conservative treatment (X). This claimant is X and reported an injury on X. A X is noted at X on MRI of the X done on X. The claimant currently complains of X. The claimant is not working due to pain. Examination reveals X. X is positive in the X. The provider recommends X. A review of the documentation lacks evidence of X pain along the X. There is no documentation of X. MRI does not show X. Therefore, the medical necessity of the current request for X is not established. Recommendation is to deny the request." Per a reconsideration review dated X the denial for X was upheld by X, MD. Rationale: "There was a previous adverse determination dated

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X, whereby the previous reviewer noted that there was lack of evidence of X pain along the X. There was no documentation of X. The magnetic resonance imaging did not show X. Therefore, the medical necessity of the request was not established. In this case, the documentation provided does not indicate X. There is no documented X. The note indicates X. MRI indicates X. ODG recommends X for patients that have X related to a X along with objective X on exam. The provided documentation does not meet this stipulation and for that reason the requested X remains non-certified.”

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. According to the Utilization Review, Peer Reviewer's Response dated X, the request for X was denied by X, MD. Rationale: “ODG-TWC states that X are indicated when X (due to X) is well documented, along with objective neurological findings on physical examination. X must be corroborated by imaging studies and / or electrodiagnostic testing, unless X pain, X are all present. X additionally requires significant recent symptom worsening associated with clearly documented X. In addition, the pain should initially be unresponsive to X. This claimant is X and reported an injury on X. A X is noted at X on MRI of the X done on X. The claimant currently complains of X pain and X pain worse than X. The claimant is X due to pain. Examination reveals X. X is positive in the X. The provider recommends X. A review of the documentation lacks evidence of X pain along the X. There is no documentation of X pain X. MRI does not show X. Therefore, the medical necessity of the current request for X is not established. Recommendation is to deny the request.” Per a reconsideration review dated X the denial for X was upheld by X, MD. Rationale: “There was a previous adverse determination dated X, whereby the previous reviewer noted that there was lack of evidence of X pain along the X. There was no documentation of pain, X. The magnetic resonance imaging did not show X. Therefore, the medical necessity of the request was not established. In this case, the documentation provided does

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not indicate X. There is no documented X. The note indicates X positive on the X. MRI indicates X. ODG recommends X for patients that have X. The provided documentation does not meet this stipulation and for that reason the requested X remains non-certified.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. MRI of the X. At X. There is no X. The patient’s physical examination fails to establish the presence of X. There is no documentation of a X.

Given the documentation available, the requested service(s) is considered not medically necessary and the request is upheld.

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