

**Applied Independent Review
An Independent Review Organization**

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Patient Clinical History (Summary)

X with date of injury X. At work, X, X stated X was X. X was diagnosed with X.

On X, X was seen by X, MD for a repeat evaluation of X. X had sustained a X. X rated X pain X. On examination, X had a X. There was X. The assessment included X. The plan was to reorder MRI with X. Dr. X opined that in X, an MRI was very much indicated.

An MRI of the X dated X, demonstrated X.

Treatment to date included X.

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Per an Initial Review Determination Letter dated X and Peer Review dated X by X, MD, the recommended prospective request for MRI X was non-certified. Rationale: “I recommend non-certifying the request for MRI X for the following reasons: Physical exam documented no objective findings and an essentially X exam. There is no indication from the records provided that there is concern for significant X. As such, the request cannot be clinically justified, ODG states that MRI is rarely indicated for the X and repeat MRI’s are not recommended X. Routine use of MRI for follow-up of X is not recommended. Given the injured worker’s minimal exam findings, the request is not guideline supported. Therefore, I recommend non-certifying the request for MRI X.”

Per a Reconsideration Review Determination Letter dated X and a Reconsideration Peer Review dated X X, MD, the recommended prospective request for MRI X was non-certified. Rationale: “Within the associated medical file, there is documentation of subjective findings of X pain. The injured worker reports X pain with X. Objective findings include X. Status X. X MRI of the X shows X. Possible X.X. However, there is lack of documentation of positive objective findings on physical exam to support the need for X. While there is documentation of X. Therefore, I recommend non-certifying the request for MRI X.”

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

The ODG states X is rarely indicated due to improvements in diagnostic accuracy of X. The provided documentation indicates the injured worker had X. The symptoms persist X. The physical examination revealed a X. There is no documented X. An MR X was ordered to confirm only X.

However, there are limited findings X

. Based on the provided documentation and ODG recommendation, the MR X is not medically necessary. Recommendation is to uphold the two prior denials.

A description and the source of the screening criteria or other clinical basis used to make the decision:

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- 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)