

***Applied Independent Review
An Independent Review Organization
P. O. Box 121144
Arlington,
TX 76012
Phone Number: (855) 233-4304
Fax Number: (817) 349-2700
Email: appliedindependentreview@irosolutions.com***

Patient Clinical History (Summary)

X who was injured on X. X was X.

A clinic note from X by X, MD, documented that X had many X. X had X. X reported having X. Per a follow-up note dated X, by X, MD, there was need for a X evaluation to review any X, as X had a X. X was yet to receive X. X continued to have X. X felt very X. Examination noted a X. The X were now X. These handwritten notes were partially legible.

The treatment to date included medications (X).

Per a Utilization Review Adverse Determination letter dated X, the request for X was denied by X, DO with the following rationale: “The ODG states X is not recommended as a first-line treatment and there is insufficient evidence to recommend as a X for conditions covered in the ODG. The provided documentation indicates the injured worker has X. It is unclear if there has been a X. Based on the provided documentation and ODG recommendation, X is not medically necessary.”

A handwritten note was made on the utilization review letter dated X, by an unknown provider on X, documenting that X was utilized as an adjunct with X other X.

Per a Reconsideration Review Adverse Determination letter dated X, by X, MD, the reconsideration request for X was denied with the following rationale: “Based on the clinical information submitted for this review and using evidence-based guidelines, the request for Reconsideration for Referral # X is non-certified. Evidence based guidelines do not recommend X, an X, as first-line treatment or as X in the treatment of X. Evidence-based guidelines also state that adding an X to an X provides limited

improvement in X, new research suggests. The X also shows that the benefits of X. There is abundant evidence of X. The patient was taking X. The patient was not prescribed an X, but rather a X, which is an X. Given the provided information, this reviewer would not recommend certification for this request.”

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

Denial is upheld, as X is not indicated per ODG for compensable diagnosis of X. Rather, the recommendation for the medication is related to X pre-existing X, not to the compensable diagnosis. Given the documentation available, the requested service(s) is considered not medically necessary.

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
-