

**Applied Independent Review
An Independent Review Organization**

**Phone
Number:
(855) 233-
4304**

**P. O. Box 121144
Arlington, TX 76012
Applied Independent Review**

**Fax
Number:
(817) 349-
2700**

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

X with date of injury X while working for X. X was X. The diagnosis was X.

A X evaluation was completed by X., DC on X to evaluate X. Dr. X opined that X was overall functioning in the X.

X was seen on X by Dr. X for a follow-up evaluation. X reported X had completed all authorized sessions of X. X reported X. X reported X. On examination, X blood pressure was X. There was X. X was noted. X was X. X was X.

An Initial Diagnostic Screening with X Testing was completed by X, MA, LPC on X. X complained of X. X was referred for X related to X affect to determine X appropriateness for X. On X examination, X was in X. X were observed including X. X functioning was within the X. Affect was appropriate to X. There were X. X primary X impairment appeared X. X scored X. These scores were X. The overall pain level was X indicating X. X reported X. X also had X. Pain experience scale score was X, which indicated X. X often felt X. X score was X, indicating a X. X described X pain as X. Administration of the Disabilities of the X, showed X to be in the X category with a score of X. X

stated X was X. X had X. The X score was X indicating X. X score was X. X score was X. The diagnosis was X. X was recommended.

Per a Response to Denial Letter dated X by X, MS, LPC-S, the requested service of X, which was denied on X. Rationale: "Reviewer Comments (Clinical Basis for Determination): This is a case of an injured worker, date of injury (DOI), who suffered a X. The patient presented for evaluation on X following completion of X. The patient reported a X. Pain is rated at a X. X. X of the X. Per the X on X, the patient is functioning at a X. According to the records, there is a DWC 69 from X placing the patient at X. The X examination indicates that X has X. The patient was previously referred to X but was denied entry due to X. Peer-to-peer contact was successful. Based on a review of the medical records, it would appear that the patient has reached X. In this case, the patient has X. If a program is planned for a patient that has been X. Per ODG, these X. It is not clear from the records how this program will X. Furthermore, per ODG, it is important that X are not "X " following X."

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. Per a Response to Denial Letter dated X by X, MS, LPC-S, the requested service of X, which was denied on X. Rationale: "Reviewer Comments (Clinical Basis for Determination): This is a case of an injured worker, date of injury (DOI), who suffered a X. The patient presented for evaluation on X. The patient reported a X. Pain is rated at a X. X.X. Per the X on X, the patient is functioning at a X. According to the records, there is a DWC 69 from X placing the patient at X. The X examination indicates that X has X. The patient was previously referred to X. Peer-to-peer contact was. Based on a review of the medical records, it would appear that the patient has reached X. In this case, the patient has been X. If a program is planned for a patient that has been X. Per ODG, these X should have a clearly identified treatment plan to X. It is not clear from the records how this program will X. Furthermore, per ODG, it is important that X are not "stepping stone" following lesser intense programs." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The length of time removed from the date of injury is a X. It is unclear when the patient X. The patient last underwent X. Therefore,

medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

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)