

***Applied Independent Review
An Independent Review Organization***

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Applied Independent Review

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 who was injured on X when X. The diagnosis was X.

On X, X presented to X, MD with X. X also had X. Examination was remarkable for a X. X test caused X. X were X. There was X. The assessment was X. Dr. X opined X was a candidate for X.

An MRI X dated X identified at X. At X, there was a X.

Treatment to date included X.

Per a utilization review dated X, the request for X was denied.

Rationale: "Understanding the date of injury, noting the reported mechanism of injury, tempered by significant findings identified on MRI there is no clear clinical indication to address this X. Noting the specific findings identified in the Official Disability Guidelines that X is specifically not recommended. There is no clear clinical indication for this particular protocol. The request is non-certified."

An Appeal Request Denial dated X indicated that the request for X was denied. Rationale: “The histories provided did not correlate with the MRI so the need for X is not supported. There is no history of X. In addition, the histories are X. The history is not clear as there is mention of X. There is insufficient detail as to the frequency of the X. I read to the X history from X note to Dr. X and asked for more detail and X reviewed the patient’s history but did not provide any additional history that would support a diagnosis of X. Also, it is not clear that X. The patient has X. This is often due to X. If it is due to the patient’s X. Therefore, recommend noncertification.”

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

The claimant has described X. The claimant’s MRI studies did note X. However, the claimant’s physical exam findings reported did not include any correlating findings consistent with the MRI findings to support a clear diagnosis of X. There was no other diagnostic testing noted in the records that would otherwise support 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:

- 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
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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 Medical **Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)