

**Applied Independent Review**  
**An Independent Review Organization**  
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**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. X was involved in a X. The diagnoses were X.

Treatment to date consisted of X.

On X underwent an X. X presented to X with a referral from Dr. X to evaluate and treat X. X stated that X originally got X. X stated that X had X. X stated the pain was X. X reported X. X had X. The plan was to X. X stated that X had a X.

On X. X was X. There was X.

X underwent X. The X of X.

Per a X reported that X was X. X stated that X was X. X had X. X still had X. X still had X. It was better, but if X did X. X reported X. The current pain X. There was X. X was X. There was X. X was X. Per X had continued X. X to X. The plan was to X.

On X, a Notice of Adverse Determination indicated that the request for X was denied. Rationale: “Regarding the requested X did include X. Subjectively, there were symptoms of X. Subjectively, the pain was X. There was documentation of X. A peer-to-peer discussion with X. Based upon the medical documentation presently available for review, the above-noted reference would not support medical necessity for this specific request as submitted. The requested amount of X. Consequently, medical necessity for treatment in the form of X is not established. Recommend noncertification.”

On X, an Appeal Request Denial indicated that the request did X. Rationale: “Regarding the request for X, the ODG supports X if there is an X with X to support the medical necessity of X; and X. Within the medical information available for review, there is documentation of a request for X. Additionally, there is a previous adverse determination rendered due to a concern that the requested X would exceed guidelines. Also, the patient had X which improved motion. The patient has ongoing deficits. However, the requested X. As such, the currently requested X is not medically necessary and is noncertified.”

***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. On X, a Notice of Adverse Determination indicated that the request for X was denied. Rationale: “Regarding the requested X previous treatment did include X. Subjectively, there were symptoms of X. Subjectively, the X. There was documentation of X. A peer-to-peer discussion with X. Based upon the medical documentation presently available for review, the above-noted reference would not support medical necessity for this specific request as submitted. The requested amount of treatment in the form of X would X what would be supported per criteria set forth by the above-noted reference for the described medical situation. Consequently, medical necessity for treatment in the X is not established. Recommend noncertification.” On X, an Appeal Request Denial indicated that the request did not meet the medical necessity guidelines. Rationale: “Regarding the request for additional X, the ODG supports continued X if there is an X. Within the medical information available for review, there is documentation of a request for X. Additionally, there is a X would exceed guidelines. Also, the patient X which X. The patient has X. However, the requested X. As such, the currently requested X is not medically necessary and is noncertified.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The request for X would exceed guideline recommendations. When treatment X the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed X and should be X. Therefore, the request is not medically necessary and 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)