

Applied Independent Review

An Independent Review Organization

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Applied Independent Review

Notice of Independent Review Decision

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 is a X who was injured on X. The mechanism of injury was X. The diagnoses were X.

X was seen by X with a complaint of X. There was also X, which was X. X included X. Medications include X. X had a X. The physical examination reported X. No X was reported. No X were reported on physical examination. The clinical assessment X. X was suggested.

An X revealed a X and X of the X. There was a X and X and X.

Treatment to date consisted of X.

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According to a Utilization Review dated X and a peer review X, the request X, was non-certified. Rationale: “Understanding the date of injury, noting the date of MRI, the findings of X, when incorporating the specific parameters identified in the ODG this is not recommended. With individual X. Therefore, based on the information presented for review this is not warranted.”

On X, a utilization review and a peer review by X, MD denied the appeal X, was non-certified. Rationale: “This request is not supported. Although there are complaints of X. Additionally, the progress note dated X does not include specific examination findings of X. For these reasons, this request for X as well as X is not medically necessary.”

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

The ODG recommends X when X. The ODG recommends X. The ODG recommends X when there has been a X. The ODG supports the use of X for more complex X. The provided documentation indicates the injured worker had X. A X showed a X. The physical examination findings X. While there is evidence of X without X. There is X and X with X consistent with a X. As the X is X, the injured worker has X, and the physical examination and MRI findings that X is supported to X. There is no evidence of X. X is not a X and does not typically require X. There are no documented extenuating circumstances to support X. Based on the provided documentation, recommendation is to partially overturn the prior denials with certification of X

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Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

Medically necessary--X

Not medically necessary—X

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)