

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

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Patient Clinical History (Summary)

X who was injured on X. The mechanism of injury was not documented. The diagnosis was X.

X, MD evaluated X on X. X complained of X. X was able to X. Pain level was X. X was X. X had X. The original injury was in X. Examination findings were unchanged from the previous visit. The assessment was X. The plan was to proceed with a X.

X was evaluated by X, MD on X for X. X reported no new symptoms and stated X was able to complete X activities of daily living. X rated the pain levels X. X were being discontinued due to X no longer needing them. On examination, the X demonstrated X. There was pain X. There was X. There was decreased X. X was slightly depressed. The assessment was X.

On X, X was seen by Dr. X and reported no new complaints. X reported X was able to complete X ADLs and rated X pain levels at X. X were being discontinued due to X no longer needing them. X examination showed X. There was X noted to the X. X was remarkable for X. The X exam showed X. X.

Treatment to date included X.

Per a utilization review dated X, the request was denied. Rationale: “The guideline recommends X. Based on the clinical documentation provided, the injured worker has X. They report X that is rated X. It is suggested that X were performed with relief. It is not clear if a X was performed at X. An MRI from X demonstrated marked X. There are insufficient recent objective findings documented to support the request. It is also not clear what X have been X, based on the guideline recommendations and available Information, recommend non-certification for the requested 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. Per a utilization review dated X, the request was denied. Rationale: "The guideline recommends X. Based on the clinical documentation provided, the injured worker has X. They report X that is rated X. It is suggested that X were performed with relief. It is not clear if a X was performed at X. An MRI from X demonstrated X. There are X documented to support the request. It is also not clear what X have been X, based on the guideline recommendations and available Information, recommend non-certification for the requested X." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records indicate that the patient presents with X due to injury on X. The patient's physical examination X. There is no documentation of any recent treatment. The patient's objective functional response to prior X is not documented. 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

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- Manual

Peer Reviewed Nationally Accepted Medical **Literature** (Provide a

- description)

Other evidence based, scientifically valid, outcome focused guidelines

- (Provide a description)