

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

Phone Number:

**P. O. Box 121144
Arlington,
TX 76012**

Fax Number:

(855) 233-4304

(817) 349-2700

***Email: [appliedindependentreview@iro
solutions.com](mailto:appliedindependentreview@iro
solutions.com)***

Patient Clinical History (Summary)

X who reportedly sustained an injury on X. X stated that X was X. X was diagnosed with X.

X was evaluated by X, MD on X and X. On X, X presented with X. The pain was described as X. It was rated at X. X could X. The symptoms were better with an X. X noted overall improvement in X pain by more than X. After the X, X was able to X. On examination, there was X. X in the X was also noted. There was pain in the X. On X, X continued to have X. The pain level remained at X. There was no significant change in the physical examination since x prior visit.

An MRI of the X dated X showed a X. There was X. The X were patent. At X, there was a X.

The treatment to date included medications X.

Per an Adverse Determination letter dated X, the request for X was denied by X, MD. Rationale: "After review of the most recent examination, it appears there are continued symptoms of X as there are complaints of X. On X, a peer-to-peer could not be obtained, thus the request for a X, is not approved."

Per a Utilization Review decision letter dated X, the prior denial was upheld by X, MD. Rationale: "A prior request from X for X was non-certified. It was documented that after review of the most recent examination, it appeared there were continued symptoms of X as there were complaints of X. On X, a peer-to-peer could not be obtained, thus the request for a X, is not approved. In this case, there is X on MRI. X was reporting benefits with X, but then the provider is still noting pain with X. Attempts to reach the provider for additional information were unsuccessful. Therefore, the prior denial is upheld."

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 performed by a different physician or other qualified health care professional); X is not recommended as medically necessary, and the previous denials are upheld. Per an Adverse Determination letter dated X, the request for X was denied by X, MD. Rationale: "After review of the most recent examination, it appears there are continued symptoms of X as there are complaints of X. Per a Utilization Review decision letter dated X, the prior denial was upheld by X, MD. Rationale: "A prior request from X was non-certified. It was documented that after review of the most recent examination, it appeared there were continued symptoms of X as there were complaints of X. In this case, there is X on MRI. X was reporting benefits with X, but then the provider is still noting pain with X. Attempts to reach the provider for additional information were unsuccessful. Therefore, the prior denial is upheld." There is insufficient information to support a change in determination, and the previous non-certification is upheld. Current evidence-based guidelines note that the requested procedure is limited to patients with X. The submitted clinical records indicate that the patient complains of X pain that X. The submitted clinical records indicate that the patient has a "X." However, the Official Disability Guidelines require documentation of X as the use of X may be grounds to negate the results of X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is upheld.

Applied Independent Review
Notice of Independent Review Decision

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)