

Applied Independent Review

An Independent Review Organization

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Patient Clinical History (Summary)

X who was injured on X. The injury occurred when X. He was diagnosed with pain in the X.

On X, X visited X, MD for X. X stated it X. X denied any specific injury, but did note that X was X. The symptoms had been present for X. The pain seemed to be most pronounced with X. On examination, X had X, but had some pain with X. There was X. Per a X note dated X by X, X reported X symptoms were X. X had increased pain X. X felt X was somewhat improved. The pain was rated at X. It was assessed that X had progressed with X. Overall, there was improvement in pain. However, X continued to have pain at the X. It was X. X had limitations with X. The ongoing problems included X.

The treatment to date included medications X, X, X, X, and X (helpful).

Per a peer review dated X, the request for X was denied by X, MD. Rationale: “The request for X is not medically necessary. However, X is medically necessary. The history and documentation do not objectively support the request for X. The ODG support up to “X”. Outlier status has not been described. The modification to X as per the ODG can be supported in this case. The medical necessity of the X visits has not clearly been demonstrated. Therefore, the request for X is not medically necessary. However, X for the X is medically necessary.”

Per an adverse determination letter dated X and peer review dated X, the request for X was denied by X, MD. Rationale: “Regarding the request of X, ODG X, ‘Recommends a X. If the trial of X results in objective functional improvements, as well as ongoing objective treatment goals, then X may be considered.’ ODG X, ‘Recommends X’. Within the documentation available for the review, there is documentation of request of continued ‘X. Additionally, there is documentation of X and that X has completed X. However, the already authorized X in addition to the requested X exceeds the guidelines recommendations of up to X, and there is no documentation of rational from the requesting provider for the treatment outside of guideline recommendations. Furthermore, there is no documentation of a rationale from the requesting provider identifying why a X. Therefore, the request for continued X is not medically necessary.”

Per a utilization review decision letter dated X and peer review dated X, the prior denial was upheld by X, MD. Rationale: “In this case, X presented to provider with subjective complaints of X pain, which is rated at X. The X examination reveals X. There is no evidence on X examination of X. X reports X has pain and difficulty reaching X, X. Previous treatment includes X. As noted, X has completed X with significant improvement. There is no indication X is unable to address any remaining X. X may be excessive in nature, and based on the currently available information, this request is not supported at this time. Therefore, X is not medically necessary.”

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

The ODG supports up to X. Based on the clinical documentation provided, the injured worker has completed X. They have made improvements with X but there are X. There were no extenuating circumstances documented that would support the need for X that exceeds the guideline recommendations or that would preclude them from proceeding with a physician-derived X to address the remaining deficits. Based on the ODG recommendations and available information, the continued is not medically necessary. Therefore, the request is not medically necessary.

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)