

**Applied Independent Review  
An Independent Review Organization**

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**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 with date of injury X. X due to X. X had a X. X was diagnosed with X.

X was seen by X, MD on X for complaints of X. The X was rated X. X had a X. X continued to have X and X. X wished to consider X. X had pain with X. X had no pain X. X denied X or X. Examination showed a X of X. Examination of the X revealed a X and X. X had X. X had a X where X suffered X injury. X had X. X had X and X had suffered a X. X continued to have symptoms. X had X.

An MRI of the X demonstrated high-grade X of the X. An x-ray of the X showed X.

The treatment to date included medications X.

Per a Utilization Review Adverse Determination letter dated X, the request for X of X was denied.

A Peer Review was documented by X, MD on X. The request for X of the X was non-certified. X: “ODG recommends X when there is X. X to respond to X and are typically not recommended for X. There is X. The documents provided do not include an X. For this reason, medical necessity has not been established. Therefore, the request for X is not medically necessary and non-certified.” The clinical basis for determination was as follows: “According to the documents provided, the patient has X. Prior treatment includes X. Objective findings include X. The diagnosis is a X. There is no MRI report for review. There is no mention of diagnostic imaging correlates the diagnosis.”

Per an Appeal / Reconsideration Determination-Utilization Review letter dated X, the request of X was denied.

A reconsideration peer review was documented on X by X, MD. The appeal for X was non-certified. Rationale: “Submitted records document ongoing X since an injury dated X, approximately X. The records indicate X has X but do not make X. MRI dated X demonstrates a X. Guidelines do not recommend X for X but may X. As the injury is only X, guideline criteria have not been met. There is insufficient clinical evidence submitted to support deviating from guideline recommendations or reversing the prior determination.” The clinical basis for determination was as follows: “X MRI dated X demonstrated a X of the X and X. Otherwise X exam. On X, the claimant was evaluated by X, MD, for follow-up of X. The claimant has a X and continues to have X and X. X would like to consider an attempted X. X has pain with X and it is relieved by X. X denies X. Examination of the X reveals X and X. There is X. X skin has a X when X suffered X. X has good X with X. X has X including X and X.”

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

The ODG recommends a X. A X for a X may be considered if they are not responding adequately to active conservative treatments for at least X. Based on the clinical documentation provided, the injured worker has been diagnosed with X. The MRI confirms the presence of X. The treatment

has included X and X. There was no documentation to suggest that there has been treatment failure to X. Objectively, the X they have X, no X and X. As the documentation does not indicate that there is been treatment failure to X and as there are insufficient objective findings suggestive of dysfunction associated with the X proceeding with X would not be warranted. There is insufficient documentation to warrant overturning the prior denials and therefore the denial letters are upheld. Based on the ODG recommendations and available information, repair of the X 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 Medical **Literature** (Provide a description)  
Other evidence based, scientifically valid, outcome focused guidelines
- (Provide a description)