Applied Independent Review An Independent Review Organization P. O. Box 121144 Arlington, TX 76012

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Χ

Description of the service or services in dispute:

X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:



Patient Clinical History (Summary)

X who was X. X had a X. The diagnoses included X.

X was evaluated by X for the X. X had a X. X had over X. X continued to have X. X had been X. At the time, X. Despite all, X continued X. X admitted X and X. A X was X. X intake X. On examination, X. X did have a X. X throughout X. X was noted. X had X on the X. X throughout the X. X were noted in the X.

Per a follow-up visit dated X by Dr. X, X reported X. X was X. X needed to X. Dr. X recommended X and stated X could X. They could go on X. X was X. X had X and X consistent with X. X and X were X. A X was recommended.

The treatment to date consisted of X.

Per a X letter dated X, the request for X. X: "X does not recommend X. Based on the clinical information submitted for the review, the request was non-certified." The notes were poorly scanned and highly illegible.

Per a follow-up note dated X by Dr. X, X had X. X had more X. X felt it was descending as X. X had X. These were all X. X was X. X had X. X had a X. X was being X. It was not X. X could have a X. X wanted to X. X was getting X.

Per a X dated X, the request for X was denied. X: "Based on the clinical information submitted for this review and using the evidence-based, X referenced above, this request is non-certified." The notes were poorly scanned and highly illegible.

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

Given the current clinical data, the request for X is recommended as medically necessary, and the previous denials are upheld. Per a X, the request for X was non-certified. X: "X does not recommend X. Based on the clinical information submitted for the review, the request was noncertified." The notes were poorly scanned and highly illegible. Per a X dated X, the request for X was denied. X: "Based on the clinical information submitted for this review and using the evidence-based, X, referenced above, this request is non-certified." The notes were poorly scanned and highly illegible. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The X note that X are not recommended based on a lack of quality studies. Since X has been widely performed, despite lack of evidence of effectiveness, other more proven treatment strategies like X and X should be X. X are also not recommended. X may only be considered as a last option for limited, select cases with a diagnosis of X and X. There is no documentation of X. There is a X. Therefore, X 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
	Manual
	Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
	Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)