

**Applied Resolutions LLC**  
**An Independent Review Organization**  
**900 N. Walnut Creek Suite 100 PMB 290**  
**Mansfield, TX 76063**  
**Phone: (817) 405-3524**  
**Fax: (888) 567-5355**

**IRO REVIEWER REPORT**

**Date:** X

**IRO CASE #:** X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Pain Medicine

**REVIEW OUTCOME:**

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 was working as X. The X. X was diagnosed with a X. On X, X was evaluated by X, MD for X. X was denied X. X continued to be on X. X was in X. Dr. X would refer X to a X evaluation and X evaluation for submission of X. X had a X Evaluation with X, PhD on X. X reported having X. X experienced symptoms of X. X also experienced X. X was X and had X. X had tried to remain as X. The X score was X. Symptoms at the X. Symptoms reported at the X. The X score was X. The symptoms at the X. Symptoms reported at the X. The X Assessment for Patients in X score was X, indicating a X. The X the work scale was X. X examination showed X. Dr. X reported that the pain resulting from X injury had X. X reported X. Pain had reported X. X would be benefited from a X. X should

be X. The X was staffed with X. The X consisted of X. Those X would address the ongoing problems of X. X had a X Evaluation on X with X, PT. The purpose of the evaluation was to determine X. Consistency of effort resulted obtained during testing indicated X. X of pain results obtained during testing indicated X X pain reports were X. X demonstrated the ability to perform within the X. X was presently able X. X. X. X were evaluated and X. X testing indicated that X demonstrated an X. X demonstrated the ability to perform X. X was demonstrated on a X. The X should be avoided within a X. An MRI of the X dated X was X. An MRI of the X showed X. Treatment to date consisted of medications X. Per an Adverse Determination Letter dated X, X, PhD. stated that the request X was non-authorized. It was determined that the X Evaluation showed that X was X. X indicated by X. X were inconsistent with X. Per an Adverse Determination Letter dated X, X, PhD stated that the reconsideration request for X was denied. Rationale: "There was a previous determination dated X, where the request was non-certified because the patient was X. There was a X indicated by X. The X were inconsistent with the X. Per ODG Pain, previous methods of X. The patient should have a X. A successful peer-to-peer call with X representative / designee for X, MD was made at X. The case was discussed in detail along with the cited guidelines. Per the requester, the patient's required X. In this instance, this patient is at an established X. Thus, the patient does X. In addition, the patient's X was identified as being X. In consideration of the X. Thus, the previous non-certification of the requested X is upheld. As such, X is not medically necessary."

**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, and the previous denials are upheld. There is X, and the previous non-certifications are upheld. The patient's X are exceedingly X. There is X. The submitted X evaluation indicates that X. X of pain results obtained during testing indicate the patient's X. The patient presented a X score of X. This report states, "X is X."

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:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES