

**Applied Independent Review
An Independent Review Organization**

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Applied Independent Review

Case Number: X

Date of Notice: X

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 who was injured on X. When X. The diagnosis was X.

On X, X, DO evaluated X pain. X had a history of X by Dr. X. X was in X and the most recent in X. X reported X that started following the X. X stated X had X. The pain was described as X. It was aggravated by X. It was alleviated by X. X examination revealed a X.X. X had X. X was X.

A CT scan of the X on X. X was less clearly complete. Just X, there was X. X

upon the X. Moderate-to-severe X was unchanged. Severe X was unchanged. X factors produced mild-to-moderate X were unchanged. An MRI of the X dated X demonstrated X. There was X. There was X.

Treatment to date included X.

Per an Adverse Determination letter by X, DO on X, the proposed treatment consisting of X was not appropriate and / or medically necessary for this diagnosis and clinical findings. Rationale: "The claimant has X. There is a request for X. Guidelines do not support this procedure. No X noted. Hence, this request is not medically necessary."

Per an Adverse Determination after reconsideration letter by X on X, the proposed treatment consisting of X was not medically necessary. Rationale: "Though this claimant has a history of X. Guidelines do not recommend the procedure given that there is a lack of supporting evidence. Per the ODG Guidelines, "Not recommended due to the lack of evidence supporting the use of this technique. Current treatment remains investigational. More research is needed to refine the technique of X, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening."

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

The initial adverse determination, dated X stated the requested procedure was not supported by the guidelines and there were no noted X. As such, the procedure was deemed not medically necessary. The subsequent adverse determination, dated X, also indicated that the requested procedure was not recommended by the guidelines due to the lack of supporting evidence, and the treatment was investigational. The provider submitted an appeal letter, not dated, but indicating that the patient had greater than X improvement in pain and greater than X improvement in X. The guidelines updated on X state that this procedure is not recommended due to the lack of evidence supporting the technique, and the procedure remains investigational. There does not appear to be any exceptional factors to overturn the previous two decisions, as the guidelines do not support the procedure. The previous denials are upheld. Given the documentation available, the requested service(s) is considered 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)