

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
Email: @appliedresolutionstx.com

PATIENT CLINICAL HISTORY [SUMMARY]:

X with date of injury X. X. X also X. X had been diagnosed X. On X, X was seen by X, MD for the evaluation of X. it was noted that X, X. X on X. After X, X had undergone X. The X used were X. X had a X. X had also undergone a X. A week prior to the visit, X was trying to X. X reported pain which was X. It was better with X. On examination, there was X. The X was markedly limited. The assessment included X. An MRI of the X was ordered. An x-ray of the X dated X showed X. The X was intact. Treatment to date included X. Per an adverse determination letter dated X by X, MD, the request for an MRI of the X was non-certified. It was deemed that repeat MRI was not routinely recommended and should be reserved for significant change in symptoms and / or findings suggestive of significant new pathology. A reconsideration request for an MRI of the X was made on X. Per another adverse determination letter dated X by X, DO, the request for an MRI of the X was non-certified as not medically necessary. It had been non-authorized earlier on X and a reconsideration request had been received on X. The rationale was as follows: "The Initial Injury occurred on X. There were no recent Imaging studies provided. There were X measurements or other X. The request does not meet guideline criteria and is therefore, not medically necessary."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The ODG states repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant new pathology. The provided documentation indicates the injured worker has X injury. Per the note from X, the injured worker was X. X-rays from X demonstrated evidence of an X. While the x-rays are not diagnostic for the pain, the X. There is X. The provider has not indicated what the MRI is ruling out or

how would change management.

Based on the available information and ODG recommendation, the MRI of X is not medically necessary. Recommendation is to uphold the two prior denials.

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