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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X had the task of X. On X, X reported that X had worsening X pain. The diagnoses were X, subsequent encounter. X presented to X, MD on X for X. Per the note, X was able to X. The pain level at the time was X. At worst, it was X, and at best, it was X. The pain was described as X. Nothing helped it. Examination findings included X. There was pain in the X. The plan was to proceed with X. If the X was successful, X followed by X would be requested. On X, X had a follow-up visit with Dr. X. X complained of X. X was able X. X rated the pain X at the time, X at the worst, and X at the best. The pain was described as X. No significant changes were seen on examination, since the previous visit. An MRI of the X dated X showed, at the X. There was X. Contrast was not given to confirm X. At the X, there was a X. The study was X because of X. All the sequences were repeated. "The patient was unable to keep removing." On X, EMG/NCV study of the X was done to rule out X. The study was abnormal and showed X. Treatment to date included medications X. On X, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not medically necessary. In light of this presenting issues, and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X is not medically necessary as the request is not supported by the guideline." On X, the appeal for X, was denied. Rationale: "Per evidence-based guidelines, X are recommended, but no more than one set of diagnostic X's should be performed prior to X, if X my is chosen as an option for treatment. In this case, the patient complained of X pain that X. MRI of the X dated X, borderline X. There was there was X. EMG/NCS dated X revealed X. Per guideline, limited to patients with X pain that is X. Per guideline, X are limited to patients with X pain that is X. There are no exceptional factors to go outside of the guideline recommendations. The prior non-certification is upheld."

**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: X for diagnostic or not recommended as medically necessary, and the previous denials are upheld. On X, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is not medically necessary. In light of this presenting issues and in the absence of pertinent extenuating circumstances that would require deviation from the guidelines, the request for X is not medically necessary as the request is not supported by the guideline." On X, the appeal for X was denied. Rationale: "Per evidence-based guidelines, X are recommended, but no more than one set of diagnostic X's is chosen as an option for treatment. In this case, the patient complained of X that X. MRI of the X dated X, borderline X. There was there was X. EMG/NCS dated X revealed X injury to the X. Per guideline, limited to patients with X that is X. Per guideline, X that is X. There are no exceptional factors to go outside of the guideline recommendations. The prior non-certification is upheld." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records indicate that the patient previously completed a X. The Official Disability Guidelines note that the requested procedure is limited to patients with X. The submitted clinical records indicate that this patient complains of X. The most recent physical examination 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